Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

0044

This Form is Open to Public

Inspection

2011

OMB Nos. 1210-0110

1210-0089

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

		Identification Information				
For	calendar plan year 2011 or fi	scal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011
Α	This return/report is for:		a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final re	eturn/report		
		an amended return/report	a short pla	in year return/report (less than 12 mo	nths)	
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC program
		special extension (enter description	on)			
Pa	art II Basic Plan Info	prmation—enter all requested inform	ation			
	Name of plan	one an requested mismi	<u> </u>		1b	Three-digit
		MEDICAL SPECIALTIES, PC PENSIO	N PLAN			plan number
						(PN) • 003
					1C	Effective date of plan 01/01/2006
2a	Plan snonsor's name and ac	ddress; include room or suite number (e	mnlover if	for a single-employer plan)	2h	Employer Identification Number
NEW	/ YORK ANESTHESIOLOGY	MEDICAL SPECIALTIES, PC	inployer, ii	Tor a single employer plany	20	(EIN) 16-1592210
					2c	Sponsor's telephone number
5496	EAST TAFT ROAD					315-552-6700
	YRACUSE, NY 13212				2d	Business code (see instructions)
						621111
	Plan administrator's name at YORK ANESTHESIOLOGY	nd address (if same as plan sponsor, ei MEDICAL 5496 EAST T		,	3b	Administrator's EIN 16-1592210
	CIALTIES, PC	N. SYRACUS			3c	Administrator's telephone number
						315-552-6700
4		e plan sponsor has changed since the I	ast return/i	report filed for this plan, enter the	4b	EIN
а	Sponsor's name	mber from the last return/report.			4c	PN
		at the beginning of the plan year			5a	78
_		at the end of the plan year		-	5b	72
		account balances as of the end of the		-	35	
					5c	<u>_</u>
	•	s during the plan year invested in eligib		,		X Yes No
b		f the annual examination and report of a ? (See instructions on waiver eligibility a				X Yes ☐ No
		ither 6a or 6b, the plan cannot use F		· ·		
Pa	rt III Financial Infor					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	1209260		1693177
b	Total plan liabilities		. 7b	0		
С	Net plan assets (subtract lin	e 7b from line 7a)	. 7c	1209260		1693177
8	Income, Expenses, and Tra			(a) Amount	_	(b) Total
а	Contributions received or re	ceivable from:	. 8a(1)	501753		
			8a(2)		_	
	• •	ers)	8a(3)			
b	` ` ` ` ` `	5.5)		-15898		
C	` ,	1), 8a(2), 8a(3), and 8b)				485855
d	, ,	ct rollovers and insurance premiums				
	to provide benefits)		. 8d			
е	Certain deemed and/or corr	ective distributions (see instructions)	. 8e			
f	Administrative service provi	ders (salaries, fees, commissions)	. 8f	1938	4	
g	Other expenses		. 8g			
h		d, 8e, 8f, and 8g)				1938
i	Net income (loss) (subtract	line 8h from line 8c)	. 8i			483917
-		(see instructions)				

Form	5500.	SF.	201

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Part IV	Plan	Charact	tarietice

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

 1A 1C 1G
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions		-				
10	During the plan year:		Yes	No	Δ	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ			5	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
lf ^v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day .	'	eai	
	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		[12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.		
Jnde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cluding	g, if applicab	le, a Sche	dule

Under penalties of perjury 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.	10/11/2012	ROBERT TISO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2012	ROBERT TISO
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).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

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								File as	s an attacl	hmer	nt to Form	5500 or	5500-	·SF.							
Fo	or cale	ndar p	olan y	ear 201	1 or fi	iscal plan y	ear beg	inning	01/01/201	1				and end	ling	12/31/2	2011				
						est dollar.	essedi	for late filing	of this ren	oort u	ınless reas	onable ca	iuse is	s establish	ned						
Α	Name	of pla	an	-				IALTIES, P					В	Three-di plan nur	git	(PN)	>		003	3	
								m 5500 or 5						Employer -1592210	Ident	tification	Numbe	er (El	N)		
Ε	Туре	of plan	: X	Single	П	Multiple-A	Mu	tiple-B		F P	rior year pla	an size: >	100	or fewer	1	01-500	Мо	re tha	an 500		
F	Part I	R	aeir	Infori	mati	on						<u> </u>									
1				ation dat			/lonth _	01	Day 0	1	Year	2011									
2		sets:	valu	ation dai		.,	//OHUT_		Day		rear_		_								
_	а		ket va	alue											2	2a				11	188709
	b	Actu	arial	value											2	2b				11	188709
3	Fur	nding	targe	t/particip	ant c	ount break	down:					(1) N	lumbe	er of partic	ipants	3	(2) Fu	ınding T	arget	
	а	-	_					receiving pa	ayment	[3a	`,			•		`				
	b	For	termi	nated ve	ested	participants	3				3b					4					16399
	С	For	active	e particip	ants	•															
		(1)	Non	-vested	bene	fits					3c(1)										26944
		(2)	Ves	ted bene	efits						3c(2)									8	372505
		(3)	Tota	al active						[3c(3)					66				8	899449
	d	Tota	al								3d					70				9	915848
4	If th	ne plai	n is ir	at-risk	status	s, check the	box a	nd complete	lines (a) a	and (b	o)										
	а	Fund	ding t	arget dis	srega	rding presc	ribed a	t-risk assum	ptions						4	4a					
	b							ons, but dis tive years a								4b					
5	Effe	ective	inter	est rate.												5				6.	09 %
6	Tar	get no	ormal	cost												6				3	345067
	To the accorda	best of ance wination, o	my kno th appl	icable law a	e inforr and reg		opinion,	hedule and acc each other assu nder the plan.										ons) ar	nd such oth		
						Signa	ture of	actuary					_				Date	e			
DC	NALD	A. SH	HEPA	RD		- 3		,										0410	4		
AC	TUARI	IAL PI	ENSI	ON ANA	LYS		nt nam	e of actuary	,				_		М	ost rece			nt numbe 2108	er	
1				EE STR ′ 13066	EET	F	irm nar	me					_	T	eleph	none nui	mber (ir	nclud	ing area	code)	
						Addr	ess of	the firm					_								
lf +h	o activ	ory ha	20. 20.	t fully rof	locto				ulaatad	ndor	the statute	in comple	otina t	hic cohod	ulo o	hook the	hov or	ad aa		Г	1
	ruction	•	as no	t rully ret	iecte	u any regul	สแบท 0	ruling prom	iuigated Ur	nuer	me statute	iii comple	eung t	ins sched	uie, C	HECK IN	s box ar	iu se	E	L	_

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Schedule SB (Form 5500) 2011

Pa	art II	Begir	ning of year	carryove	er and prefunding ba	lances								
				-			(a)	Carryover balance		(b) [Prefund	ng balance		
7		_			cable adjustments (line 13 f		_		0			0		
8					unding requirement (line 35				0			0		
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)				0						
10	Interest	t on line 9	using prior year's	actual ret	turn of7.49%				0			0		
11	Prior ye	ear's exce	ess contributions t	o be added	d to prefunding balance:									
	a Pres	sent valu	e of excess contri	butions (lin	ne 38 from prior year)							311315		
					e rate of						20827			
	C Tota	al availabl	e at beginning of co	urrent plan	year to add to prefunding bala	ance						332142		
	d Port	tion of (c)) to be added to pi	efunding b	palance		-					0		
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0		
13	Balance	e at begir	nning of current ye	ear (line 9 +	+ line 10 + line 11d – line 12	2)			0			0		
P	art III	Fun	ding percenta	ages										
14	Funding										14	129.79 %		
					ge						15	129.79 %		
	Prior ye	ear's fund	ling percentage fo	r purposes	s of determining whether car	ryover/pref	unding bala	ances may be used			16	138.06 %		
17					is less than 70 percent of th						17	%		
Pa	art IV	Con	tributions and	d liauidi	tv shortfalls									
				•	rear by employer(s) and em	ployees:								
	(a) Dat 1M-DD-Y	ie	(b) Amount pa	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount pa		(0		int paid by oyees		
08	/31/2012)		501753	0		<u> </u>		<u>, </u>		•	•		
				•		Totals >	18(b)		501753	18(c)				
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after	the beginning of the	year:					
	a Cont	ributions	allocated toward	unpaid min	imum required contributions	s from prior	years		19a			0		
	b Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b			0		
	C Conti	ributions a	allocated toward mi	nimum req	uired contribution for current	year adjuste	d to valuation	on date	19c			454697		
20	Quarter	ly contrib	outions and liquidit	y shortfalls	 S:									
	a Did t	he plan h	nave a "funding sh	ortfall" for t	the prior year?							Yes X No		
	b If 20a	a is "Yes,	" were required qu	uarterly ins	stallments for the current yea	ar made in	a timely ma	nner?				Yes No		
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	oplicable:								
				-	Liquidity shortfall as of e	end of quart		•	1					
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4t	1		

art V	Assumptio	ns used to determ	nine f	unding target and tar	get r	normal cost						
Disco	ount rate:											
a Se	egment rates:	1st segment: 3.37%		2nd segment: 6.04%		_		N/A, full yield c	urve	used		
b Ap	pplicable month	(enter code)					21b			2		
							22	65				
			_				Substitu	te				
rt VI	Miscellane	_		<u> </u>	_	· .						
	-	•		•		•		· · · ·	⁄es	X No		
Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment		/es	X No		
Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	<u> </u>	⁄es	No		
				•			27					
art VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years						
Unpa	iid minimum requ	uired contributions for al	l prior	years			28			0		
							29			0		
Rema	aining amount of	unpaid minimum requir	ed con	ntributions (line 28 minus line	9 29)		30			0		
rt VIII	Minimum	required contribu	tion f	or current year								
Targe	et normal cost a	nd excess assets (see ii	nstruct	ions):								
a Tar	rget normal cost	(line 6)					31a			345067		
b Ex	cess assets, if a	pplicable, but not greate	er than	31a			31b			272861		
Amor	tization installme	ents:				Outstanding Bala	nce	Installme	nt			
a Ne	et shortfall amort	ization installment					0			0		
b Wa	aiver amortizatio	n installment					0			0		
							33					
Total	funding requirer	nent before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34			72206		
				Carryover balance		Prefunding balar	nce	Total balar	nce			
		J										
Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36			72206		
		·		•	•		37		4	454697		
Prese	ent value of exce	ess contributions for curr	ent ye	ar (see instructions)								
a To	otal (excess, if an	y, of line 37 over line 36	6)				38a			382491		
b Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	ndard o	carryover balances	38b			0		
Unpa	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 36	over l	ine 37)	39			0		
Unpa	iid minimum requ	uired contributions for al	l years				40					
IV	Pension f	iunding rolief und	or Do	nsion Relief Act of 2	010 (see instructions)						
rt IX		unding relief und	ei re	ilision Relief Act of 20	`							
				rsuant to an alternative amo	ortizati	on schedule:						
If a sh	nortfall amortizati	ion base is being amorti	zed pu					2 plus 7 years	15 ye	ears		
If a sh	nortfall amortizati	ion base is being amorti	zed pu	ursuant to an alternative amo					_	ears		
If a sh a Sch b Elig	nortfall amortizationedule elected gible plan year(s)	ion base is being amorti	zed pu	ursuant to an alternative amo					_			
	morta Weig Morta Art VI Has a attace Has a attace Is the regar Art VII Unpa Disco (line Rema Art VIII Targ a Ta b Ex Amort Amort Balar requi Addit Controlline Prese a To b Po Unpa Unpa Unpa	Discount rate: a Segment rates: b Applicable month Weighted average ret Mortality table(s) (see art VI Miscellanee Has a change been mattachment	Discount rate: a Segment rates: b Applicable month (enter code)	Discount rate: a Segment rates: 1st segment: 3.37% b Applicable month (enter code)	Discount rate: a Segment rates: 1st segment: 3.37% b Applicable month (enter code)	Discount rate: a Segment rates: b Applicable month (enter code)	Discount rate: a Segment rates: 1st segment: 3.37% b Applicable month (enter code). Weighted average retirement age. Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Int VI Miscellaneous items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see attachment. Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. Int VIII Reconciliation of unpaid minimum required contributions for prior years Unpaid minimum required contributions for all prior years Unpaid minimum required contributions for all prior years Unpaid minimum required contributions allocated toward unpaid minimum required contributions from prior years Int VIII Minimum required contribution for current year Target normal cost and excess assets (see instructions): a Target normal cost (line 6). b Excess assets, if applicable, but not greater than 31a Amortization installment. D Waiver amortization installment. D Waiver amortization installment. D Waiver amortization installment. Carryover balance Prefunding balan Balances elected for use to offset funding requirement. Additional cash requirement (line 34 minus line 35). Carryover balance Prefunding balan Carryover balance Prefunding balan Balances elected for use to offset funding requirement. Additional cash requirement (line 34 minus line 35). Contributions allocated toward minimum required contribution for current year (see instructions) a Total	Discount rate: a Segment rates: 1st segment: 3.337% b Applicable month (enter code)	Discount rate: a Segment rates: 1st segment: 3.37% 2nd segment: 5.49% 21b Weighted average retirement age	Discount rate: Stagement rates: 1st segment: 3.37% 2nd segment: 5.49 %		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Actuarial Information

Single-Employer Defined Benefit Plan

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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

File as an attachment to Form 5500 or 5500-8F	Pension Ben	efit Guaranty Corporation	▶ Eilo a	e an attachma	ont to Earn	2 EE00 or	5500 SE			
Now York Anesthesiology Medical Specialties, PC Pension Plan B Three-digt plan number (PN) 003	For calendar	plan year 2011 or fiscal r				1 3500 DF		nα 1	2/31/2011	
A Name of plan New York Anesthesiology Medical Specialties, PC Pension Plan Part								-		
A Name of plan New York Anesthesiology Medical Specialties, PC Pension Plan Part	Caution:	A penalty of \$1,000 will be	e assessed for late filing	of this report	uniess reas	sonable ca	ause is establish	ed.		
New York Anesthesiology Medical Specialities, PC Pension Plan plan number (PN) 0.03			-	•			1			
New York Anesthesiology Medical Specialties, FC E Type of plan Single Multiple-A Multiple-B F Prior year plan size 101-500 More than 500 Part Basic Information			dical Specialtie	es, PC Pen	sion Pl	an	l'	-	N) ▶	003
New York Anesthesiology Medical Specialties, FC E Type of plan Single Multiple-A Multiple-B F Prior year plan size 101-500 More than 500 Part Basic Information										I
New York Anesthesiology Medical Specialties, FC E Type of plan Single Multiple-A Multiple-B F Prior year plan size 101-500 More than 500 Part Basic Information	C Blan anana	- who who was a share where 15	0{ 5 5500 5				D =	1	ar. No al	CIAN CONTRACTOR
E Type of plan Single Multiple-A Multiple-B F Prior year plan size 100 or fewer 101-500 More than 500	•						1			EIN)
Part Basic Information Enter the valuation date: Month O1 Day O1 Year 2011	New York A	mesthesiology Me	dical Specialtie	es, PC] -	16-15	92210	
Enter the valuation date: Month O1 Day O1 Year 2011	E Type of pla	n:X Single Multiple	e-A Multiple-B	F	Prior year p	lan size:	X 100 or fewer	101	-500 More	e than 500
2 Assets: a Market value	Part I B	asic Information								
a Market value	1 Enter the	valuation date:	Month 01	Day 01	Year_	2011	-			
Discription Actuarial value 2b 1,188,705	2 Assets:									
Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment b For terminated vested participants C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total 20 (3) Total active 30 (4) If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate 5 6 0.99 6 Target normal cost 5 6.09 6 Target normal cost 6 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	a Mark	et value					•••••	2a		1,188,70
a For retired participants and beneficiaries receiving payment	b Actua	arial value		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	2k)	1,188,70
b For terminated vested participants: C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active (3) Total active (4) Total (5) For active participants: (6) Total (7) Vested benefits (8) Total active (9) Vested benefits (1) Non-vested benefits (1) Non-vested benefits (2) Vested benefits (3) Total active (1) Vested benefits (3) Total active (1) Total (2) Vested benefits (3) Total active (3) Total active (4) Total (5) Funding target reflecting at-risk status, check the box and complete lines (a) and (b) (6) Funding target disregarding prescribed at-risk assumptions but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor (5) Effective interest rate (6) Target normal cost (7) Vested benefits (8) Vested benefits (9) Vested benefits (9) Vested benefits (10) Vested benefits (11) Vested benefits (12) Vested benefits (13) Total active (14) Vested benefits (15) Vested benefits (16) Vested benefits (17) Vested benefits (18) Vested benefits (18) Vested benefits (19) Vested benefits (10) Vested benefits (10) Vested benefits (10) Vested benefits (3 Funding f	target/participant count b	reakdown			(1) N	umber of particip	ants	(2) (Funding Target
C For active participants: (1) Non-vested benefits 3c(1) 26,944 (2) Vested benefits 3c(2) 3c(3) 66 899,445 (3) Total active 3c(3) 66 899,445 (4) If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 a Funding target reflecting at-risk assumptions 4 b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding factor 4 5 Effective interest rate 5 6.09 6 Target normal cost 5 6.09 6 Target normal cost 6 345,067 Statement by Enrolled Actuary. To the bate of hy formations supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presided assumption was applied in accordance with applicable law for regulations. In my opion, pash-eyber assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best assing of anticipated experience quick rate assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in Donald A. Shepard 9 11–04104 Type or print name of actuary Most recent enrollment number (31.5) 445–21.08 Firm name Telephone number (including area code) 7000 East Genesee Street 1 US Fayetteville NY 13066 Address of the firm			• .	•						
(1) Non-vested benefits 3c(1) 26,944 (2) Vested benefits 3c(2) 872,505 (3) Total active 3c(3) 66 899,445 (d) Total 3c(3) 66 899,445 (d) Total 5c(3) 70 915,846 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a Funding target disregarding prescribed at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor 4b 4b 5 Effective interest rate 5 6.09 6 Target normal cost 5 6.09 6 Target normal cost 5 6.09 5 Statement by Enrolled Actuary To the best of my knowledge, my disfination supplied in this schedule and accompanying schedules, statements and affactorients, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable live day frequisitions with applicable live day frequisitions with applicable in with applicable live day frequisitions with applicable in which are sumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best extractions) and such other assumptions, in combination, offer my best extractions and all status for a factorial page and applicable in the schedule experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best extractions and applicable expectations and such other assumptions, in combination, offer my best extractions and such other assumptions in reasonable expectations. In my other assumptions, in combination applied in a factorial page and applicable in the schedule and accompanying schedules, statements and affactorials, if any, is complete and accurate, Each prescribed assumption was applied in the schedule and accompanying schedules, statements and affactorials, if any, is complete and accurate. Each prescribed assumption was applied in the schedule and accompanying schedules, statement	b For	terminated vested partici	pants	• • • • • • • • • • • • • • • •	3b			4		16,399
Calculation	C For	• •		1		10110		est file	E CONTRACTOR DE LA CONT	
3 Total active 3c(3) 66 899,445 d Total 3d 70 915,848 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 at-risk status for fewer than five consecutive years and disregarding loading factor 4b 5 Effective interest rate 5 6.09 6 Target normal cost 5 6.09 6 Target normal cost 5 6.09 7 Statement by Enrolled Actuary 5 6 345,067 8 Statement by Enrolled Actuary 5 6 345,067 8 Statement by Enrolled Actuary 5 6 345,067 9 Signature of actuary 5 6 345,067 1 Signature of actuary 5 6 345,067 1 Signature of actuary 5 6 6 6 1 Actuarial Pension Analysts, Inc. 6 11-04104 1 Firm name 7 7000 East Genesee Street 1 US Fayetteville NY 13066 Address of the firm	(1)									•
d Total 3d 70 915,846 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a b Funding target disregarding prescribed at-risk assumptions.					()			en Ger		
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)										
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate							·····	70		915,848
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective Interest rate			·							
at-risk status for fewer than five consecutive years and disregarding loading factor								4a	ļ	
Statement by Enrolled Actuary To the best of my knowledge, the infirmation supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best eightness of anticipated experience under the plan. SIGN HERE Donald A. Shepard Type or print name of actuary Actuarial Pension Analysts, Inc. Firm name Firm name Telephone number (including area code) Address of the firm	b Fundat-ris	ling target reflecting at-risk status for fewer than fi	sk assumptions, but disr ve consecutive years an	egarding trans d disregarding	ition rule for loading fa	or plans th	iat have been	4b		
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 presribed assumption was applied in accordance with applicable law drift regulations. In my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best esympte of anticipated experience under the plan. SIGN	5 Effective	nterest rate	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				5		6.09
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 in accordance with applicable lawy and regulations. In my opion, auch other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best explinate of anticipated experience under the plan. SIGN	6 Target no	rmal cost	• • • • • • • • • • • • • • • • • • • •				*************	6		345,067
Signature of actuary Donald A. Shepard Type or print name of actuary Actuarial Pension Analysts, Inc. Firm name 7000 East Genesee Street 1 US Fayetteville Address of the firm	To the best of m accordance with combination, of	ny knowledge, the information sur n applicable law and regulations.	in my opion <u>, each ot</u> her assump	mpanying schedule otion is reasonable	es, statements (taking into ac	and attachmo	ents, if any, is comple perience of the plan a	te and ad nd reason	curate. Each presrit nable expectations) :	ped assumption was applied in and such other assumptions, in
Donald A. Shepard Type or print name of actuary Actuarial Pension Analysts, Inc. Firm name 7000 East Genesee Street 1 US Fayetteville NY 13066 Address of the firm		Donalde	L. Deze						09/20/201	2
Type or print name of actuary Actuarial Pension Analysts, Inc. Firm name 7000 East Genesee Street 1 US Fayetteville NY 13066 Address of the firm Most recent enrollment number (315) 445-2108 Telephone number (including area code)		,	• ,							
Actuarial Pension Analysts, Inc. Firm name 7000 East Genesee Street 1 US Fayetteville Address of the firm (315) 445-2108 Telephone number (including area code)			. mar. i							······
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7000 East Genesee Street 1 US Fayetteville Address of the firm	-	Actuarial Pension	n Analysts, Inc.					(3	315) 445-21	.08
US Fayetteville NY 13066 Address of the firm							Te	ephon	e number (inclu	ding area code)
Address of the firm		_	NY 13066							
f the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		· · · · · · · · · · · · · · · · · · ·								
	f the actuary ha	s not fully reflected any re	egulation or ruling promu	ulgated under	the statute	in comple	ting this schedu	le, che	ck the box and	see

	Cabad	ula CD (Farra EE00) 2044		Done		٦				
	Sched	ule SB (Form 5500) 2011		Page	2					
Pa	rt II Be	ginning of year carryov	er and prefunding bala	nces						
	,				(a)	Carryover balanc	е	(b)	Prefundi	ng balance
7			plicable adjustments (line 13 fro				0			(
8			funding requirement (line 35 fr				0			
9	Amount rem	naining (line 7 minus line 8)					0			
10	Interest on I	ine 9 using prior year's actual r	eturn of7_49%				0			(
11	Prior year's	excess contributions to be add	ed to prefunding balance:							
	a Present v	value of excess contributions (I	ine 38 from prior year)							311,315
			e rate of <u>6.69</u> % excep		and only desired					20,827
		•	lan year to add to prefunding b							332,142
	d Portion o	f (c) to be added to prefunding	balance							. (
12	Other reduct	tions in balances due to electio	ns or deemed elections				0			(
13	Balance at b	eginning of current year (line 9	+ line 10 + line 11d - line 12).				0			C
Pa	rt III 🔝 F	unding percentages					•			
									. 14	129.79 %
			age						15	129.79 %
	Prior year's f	unding percentage for purpose	es of determining whether carry	over/pref	unding bala	ances may be use	d to reduce	€	16	138.06 %
17			is less than 70 percent of the						17	%
Pa	rt IV C	ontributions and liquid	itv shortfalls					,		
		······································	year by employer(s) and emplo	ovees:	•					
	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amour employ		(int paid by byees
08/	31/2012	501,753								

			Totals ►	18(b)		501,7	53 18(c)		
19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:									
a Contributions allocated toward unpaid minimum required contribution from prior years									
b Contributions made to avoid restrictions adjusted to valuation date									
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date									454,697
20 Quarterly contributions and liquidity shortfall(s):								and a state of	
a Did the plan have a "funding shortfall" for the prior year?									X No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									
C If 20a is "Yes," see instructions and complete the following table as applicable:									
Liquidity shortfall as of end of Quarter of this plan year									
(1)) 1st	(2) 2nd		(3)	3rd		(4)	4th	
	Discounted a Contributi b Contributi c Contributi Quarterly co a Did the pl b If 20a is "	Discounted employer contributions s a Contributions allocated toward unpa b Contributions made to avoid restricti c Contributions allocated toward minin Quarterly contributions and liquidity sho a Did the plan have a "funding shortfal b If 20a is "Yes," were required quarte c If 20a is "Yes," see instructions and	Discounted employer contributions see instructions for small plan with a a Contributions allocated toward unpaid minimum required contribution for b Contributions made to avoid restrictions adjusted to valuation date c Contributions allocated toward minimum required contribution for current Quarterly contributions and liquidity shortfall(s): a Did the plan have a "funding shortfall" for the prior year?	Discounted employer contributions — see instructions for small plan with a valuation date a Contributions allocated toward unpaid minimum required contribution from prior year b Contributions made to avoid restrictions adjusted to valuation date c Contributions allocated toward minimum required contribution for current year adjust Quarterly contributions and liquidity shortfall(s): a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a tir c If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of Quarter of	Discounted employer contributions see instructions for small plan with a valuation date after a Contributions allocated toward unpaid minimum required contribution from prior years b Contributions made to avoid restrictions adjusted to valuation date	Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of t a Contributions allocated toward unpaid minimum required contribution from prior years b Contributions made to avoid restrictions adjusted to valuation date c Contributions allocated toward minimum required contribution for current year adjusted to valuation date Quarterly contributions and liquidity shortfall(s): a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? c If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of Quarter of this plan year	Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contribution from prior years	Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contribution from prior years	Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contribution from prior years

Part V A	ssumption	ons used to determine	funding target and target	normal cost						
21 Discount	rate:				. =					
a Segm	Segment rates: 1st segment: 2nd segment: 3rd segment: 3.37 % 6.04 % 6.49					N/A, full yield curve used				
b Applic	able month	21b	2							
22 Weighted										
23 Mortality										
Part VI M	Part VI Miscellaneous items									
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required										
attachment										
25 Has a me	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	n required to	provide a Schedule of Active	e Participants? If "Yes," see instru	ctions regarding required	l attachme	ent X Yes 🗌 No				
			inding rules, enter applicable code		27					
Part VII Reconciliation of unpaid minimum required contributions for prior years										
28 Unpaid m	inimum requ	uired contribution for all prior	ears		28					
			d unpaid minimum required contril		29					
			ntributions (line 28 minus line 29)		30					
Part VIII N	linimum	required contribution	for current year							
31 Target no	rmal cost, a	djusted, if applicable (see ins	ructions)							
a Target r	normal cost	(line 6)			31a	345,067				
			31a		31b	272,861				
32 Amortizati	on installme	ents:		Outstanding Bala	ince	Installment				
a Net sho	rtfall amortiz	ation installment								
b Waiver a	amortization	installment								
33 If a waiver (Month		33								
34 Total fundi	ng requirem	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	72,206				
	,		Carryover balance	Prefunding Bala	nce	Total balance				
		se to offset funding								
36 Additional	cash require		36	72,206						
37 Contributio		37	454,697							
		ss contributions for current ye		 '						
a Total (excess, if any, of line 37 over line 36)										
b Portion in		38b	. 0							
		39								
Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)Unpaid minimum required contribution for all years										
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)										
41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:										
a Schedule elected										
b Eligible plan year(s) for which the election in line 41a was made										
•	42 Amount of acceleration adjustment									
			over to future plan.years		43					

New York Anesthesiology Medical Specialties, P.C. Pension Plan

ATTACHMENT TO SCHEDULE SB

EMPLOYER IDENTIFICATION NUMBER ... 16-1592210

PLAN NUMBER 3

CURRENT PLAN YEAR BEGINNING 1/1/2011

AND ENDING 12/31/2011

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Effective Date:

January 1, 2006

Last Amended:

January 1, 2009

Eligibility:

An employee shall become a Participant on the January 1 nearest

the end of the computation period in which he earned a year of service.

Normal Retirement Date:

January 1 nearest age 65

Retirement Benefit:

Cash Balance - benefit equal to actuarial equivalence of Theoretical

Account Balance.

Contribution Credit of 50% of Compensation to NYAMS shareholders as of 1/1/2009.

Contribution Credit equal to 3.5% of Compensation for others.

Interest Credited at the rate on 30-year U.S. Treasury securities for the

second full calendar month preceding the plan year.

Compensation:

Total compensation, including deferrals.

Vesting:

Less than 3 years - 0%

3 years of service or more - 100%

Service Crediting:

Eligibility:

1,000 hours

Vesting:

1,000 hours

Contribution Credit:

500 hours or last day of plan year.

Normal Form of Benefit:

Life Annuity

Lump Sum payout equal to Theoretical Account Balance

Actuarial Equivalence:

Interest:

30-year Treaury Rate (above)

Mortality:

(post-retirement only) Rev. Ruling 2001-62 Mortality Table

Top Heavy Benefit:

Top Heavy minimum provided in other plan.

SCHEDULE SB, LINE 22 - WEIGHTED AVERAGE RETIREMENT AGE

Each participant assumed to retire at his/her normal retirement age, or his/her age on the current valuation date, if later

New York Anesthesiology Medical Specialties, P.C. Pension Plan

ATTACHMENT TO SCHEDULE SB

EMPLOYER IDENTIFICATION NUMBER ... 16-1592210

PLAN NUMBER 3

CURRENT PLAN YEAR BEGINNING 1/1/2011 AND ENDING 12/31/2011

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHOD

Actuarial Cost Method:

Unit Credit (as modified under Pension Protection Act)

Accrued Liability (Funding Target) is equal to the present value of Accrued Benefits as of the Valuation Date. (Target) Normal Cost is equal to the present value of benefits accruing in the year following the Valuation Date.

Assets:

Market Value

(increased by discounted contributions received for prior year)

Compensation:

Prior plan year compensation increased by 3%.

Projection Interest Rate:

4.19%

(Interest Crediting Rate in effect for current plan year.)

Assumed Retirement Date:

Later of Normal or one year from Valuation Date.

Assumed Optional Forms:

100% Lump Sums

Pre-Retirement Mortality:

None

Pre-Retirement Turnover:

None

Interest Discount:

Funding Segment Rates (without Transition Rule) in effect for second month

prior to valuation date.

Applicable Month:

November, 2010

1st Segment Rate:

3.37%

Years 1 to 5

2nd Segment Rate

6.04%

Years 6 to 20

3rd Segment Rate:

6.49%

Years over 20

Effective Interest Rate:

Prior Year:

6.69%

Current Year:

6.09%

AND ENDING 12/31/2011

SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

		YEARS OF CREDITED SERVICE								
ATTAINED	Under 1 1 - 4			5 - 9		10 - 14		15 - 19		
AGE	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp		Avg Comp	No.	Avg Comp
Under 25	3		1							
25 to 29	4		6							
30 to 34	2		4							
35 to 39	1		4		3					
40 to 44	2		7		2					
45 to 49	1		3		2 3					
50 to 54	1		6		4					
55 to 59	1		2 3		1					
60 to 64			3		2					
65 to 69			1							
70 & up										
						EDITED SERVIC				
ATTAINED						30 - 34				0 & up
AGE	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69						•				
70 & up										