### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

# **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

			iance witi	the instructions to the Form 550	U-SF.			
	Part I Annual Report Identification Info							
For	r calendar plan year 2011 or fiscal plan year beginnin	g 01/01/2011	1	and ending 1	2/31/2	2011		
Α	This return/report is for:	plan	a multiple	-employer plan (not multiemployer)		a one-participa	ant plan	
В	This return/report is:  the first return/rep	ort	the final re	eturn/report				
	an amended retur	n/report a	a short pla	in year return/report (less than 12 mo	onths)	_		
С	Check box if filing under:		automatic	extension		DFVC prograr	n	
	special extension	(enter description	n)					
Pa	Part II Basic Plan Information—enter all r	equested informa	ation					
1a	Name of plan				1b	Three-digit		
RAFI	FIK KHAIMOV MEDICAL PC DEFINED BENEFIT PE	NSION PLAN				plan number		
					4 -	(PN) •	. 001	
					10	Effective date of 01/01/2		
	Plan sponsor's name and address; include room or	suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identifi	cation Numbe	er
RAF	FIK KHAIMOV MEDICAL PC					(EIN) 26-187		
					2c	Sponsor's teleph	one number	
	99 99TH STREET				0.1	718-606		
	TE 1U GO PARK, NY 11374				2a	Business code (s		is)
3a	Plan administrator's name and address (if same as	nlan enoneor en	nter "Same	"\	3h	Administrator's E		
	FIK KHAIMOV MEDICAL PC	65-09 99TH S SUITE 1U		,		26-187	74987	
		REGO PARK,	NY 11374	4	3с	Administrator's to 718-606		ber
4	If the name and/or EIN of the plan sponsor has cha		ast return/ı	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last retu	rn/report.			40	DNI		
	<ul><li>Sponsor's name</li><li>Total number of participants at the beginning of the</li></ul>	nlan yoar			4c	T T		
					5a			-
b	' '				5b			
С	Number of participants with account balances as o complete this item)				5с			
6a	Were all of the plan's assets during the plan year i	nvested in eligible	e assets?	(See instructions.)			X Yes	No
b	3							
	under 29 CFR 2520.104-46? (See instructions on	• .		•			X Yes	No
Da	If you answered "No" to either 6a or 6b, the pla art III Financial Information	n cannot use Fo	orm 5500-	SF and must instead use Form 55	υυ.			
				(a) Banimain a ( ) (an		(I.) F., I.	- ( V	
7	Plan Assets and Liabilities		7-	(a) Beginning of Year 383518		(b) End	522631	
a b	'		7a 7b	0			0	
C		İ	70 7c	383518			522631	
8	Income, Expenses, and Transfers for this Plan Yea		70	(a) Amount		(b) To	ntal	
а				(a) Amount		(6) 1	Jiai	
_	(1) Employers		8a(1)	150000				
	(2) Participants		8a(2)	0				
	(3) Others (including rollovers)		8a(3)	0				
b	Other income (loss)		8b	-9816				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b	)	8c				140184	
d	Benefits paid (including direct rollovers and insurar to provide benefits)	•	8d	0				
е			8e	0				
f	Administrative service providers (salaries, fees, co	´ l	8f	1071				
g	Other expenses		8g	0				
h		ĺ	8h				1071	
i	Net income (loss) (subtract line 8h from line 8c)		8i				139113	
j	Transfers to (from) the plan (see instructions)	İ	8i	0				

Form	5500.	SE	201	
COLLI	:):)()()-	7	/()	

Page 2 -	1
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		•	
Part IV	Plan	Charact	tarietice

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

Part	V	Compliance Questions									
10	Durir	ng the plan year:		Yes	No		An	ount			
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X						
С	Was	s the plan covered by a fidelity bond?	10c		X						
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X						
е											
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X						
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h								
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI	Pension Funding Compliance									
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	П	١o	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X	lo.	
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					etter ru ar			
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401	$\overline{}$					
		r the minimum required contribution for this plan year			12b	<u> </u>					
		r the amount contributed by the employer to the plan for this plan year			12c	<del>                                     </del>					
d	nega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		_	12d			[	7		
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	<u>;                                    </u>	No	N/A	4	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	····· <u>···</u>			Yes X	No				
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a							
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Yes	X N	10	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	)						
1	3c(1)	Name of plan(s):		13	<b>c(2)</b> E	IN(s)		13c(3)	PN(s	;)	
Caut	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.					
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the completed and signed by an enrolled actuary, as well as the electronic version of this returned.									

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	RAFIK KHAIMOV
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

# **SCHEDULE SB** (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Actuarial Information** Department of the Treasury

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).

Single-Employer Defined Benefit Plan

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

								File as a	an attacl	hmer	nt to Form	5500 or	5500-	·SF.						
Fo	r calen	ndar p	lan y	ear 201/	1 or f	fiscal plan y	eai	r beginning 0	1/01/201	1				and end	ing	12/31/2	2011			
						rest dollar.  O will be ass	es	sed for late filing o	of this rep	ort u	nless reaso	onable ca	ause is	s establish	ied.					
	Name FIK KI			MEDICAI	L PC	DEFINED	BE	NEFIT PENSION	PLAN				В	Three-di plan nun	0	PN)	<u> </u>		001	
						vn on line 2	а о	f Form 5500 or 55	00-SF				D	Employer	Ident	ification	Num	nber (E	ΞIN)	
RA	FIK KH	MIAH	OV N	MEDICAL	_ PC								26	-1874987						
Ε	Type of	f plan	: <b>X</b>	Single		Multiple-A		Multiple-B		<b>F</b> P	rior year pla	an size:	X 100	or fewer	1	01-500	N	∕lore th	nan 500	
Р	art I	В	asid	Infor	mat	ion														
1			valu	ation da	te:	ľ	Иοι	nth <u>01</u> [	Day0	1	Year_	2011	_							
2	Ass															-				
	а	Mark	cet va	alue			••••									2a				380715
	b	Actu	arial	value											2	2b				380715
3	Fun	ding 1	arge	t/particip	ant o	count break	dov	wn:		-		(1) N	Numbe	er of partic	ipants	3		<b>(2)</b> F	Funding Targ	et
	а	For	retire	ed partici	pant	s and benef	icia	aries receiving pay	ment		3a					0				0
	b	For	term	inated ve	ested	l participant	s				3b					0				0
	С	For	activ	e particip	oants	s:				_										
		(1)	Nor	n-vested	bene	efits					3c(1)									76533
		(2)	Ves	sted bene	efits.						3c(2)									301509
		(3)	Tota	al active							3c(3)					3				378042
	d	` '								f	3d					3				378042
4	If the	e plar	n is ir	n at-risk	statu	s. check the	e be	ox and complete li	nes (a) a	and (b	o)									
								ed at-risk assumpt					ш			1a				
			•	Ū	·	٠.		mptions, but disre												
	D							secutive years and								\$b				
5	Effe	ctive	inter	est rate.												5				6.32 %
6	Tarç	get no	orma	l cost												6				107604
	To the baccorda combina	pest of ince with	my kno th app	licable law	e infor and re	mation supplied gulations. In my	ор	this schedule and accominion, each other assumpence under the plan.												
	SIGN HERE												_				10	/01/20	012	
CIII	SANLI	cen		A, MAA	N N/19	-	tur	e of actuary										ate	0.4	
30.	SAIN L.	FEII	, го	A, IVIAA	۸, ۱۷۱۰								_					1-054		
SEI	NTINE	L BEI	NEFI	TS GRO	UP,		int	name of actuary					_		M	ost rece			ent number 3-2800	
4.40	0.01.0		INITE	DO 45	`	F	irn	n name						Т	eleph	one nui	mber	(inclu	ding area co	de)
SUI	TE 310	0		RY ROAI 1590-512																
						Add	res	s of the firm					_							
If th	a actur	arv ha	e no	t fully rot	lacto	nd any regul	ati	on or ruling promu	lasted ur	nder	the statute	in compl	etina t	his school	ام مار	hack the	a hov	and a	:00	П
	uctions	•	13 IIU	t runy rei	IGUIE	a any regui	au	on or running proffic	igaleu ul	iuei	uic statute	iii compi	curiy i	ino suncu	ui <del>c</del> , U	IIOUN IIII	S DUX	anu S	<del>.</del>	Ш

Page 2	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II B	eginning of year	carryove	er and prefunding ba	lances							
,						<b>(a)</b> C	arryover balance		(b) I	Prefundir	ng balance	
				cable adjustments (line 13 f				0			0	
8		•	-	unding requirement (line 35							0	
9	Amount rer	maining (line 7 minus li	ne 8)					0			0	
10	Interest on	line 9 using prior year's	s actual ret	urn of10.75%				0			0	
11	Prior year's	excess contributions t	o be added	to prefunding balance:								
	<b>a</b> Present	t value of excess contri	butions (lin	e 38 from prior year)						58486		
				rate of 6.76 % excep							3954	
	<b>C</b> Total av	ailable at beginning of c	urrent plan y	ear to add to prefunding bala	nce						62440	
	<b>d</b> Portion	of (c) to be added to p	refunding b	alance							0	
12 Other reductions in balances due to elections or deemed elections										0		
13	Balance at	beginning of current ye	ear (line 9 +	line 10 + line 11d – line 12	)			0			0	
Pa	art III	Funding percenta	ages									
14	Funding ta	rget attainment percent	age							14	100.70 %	
15	Adjusted fu	ınding target attainmen	t percentag	e						15	100.70 %	
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce										87.81 %	
17	If the curre	nt value of the assets o	f the plan is	s less than 70 percent of the	e funding tar	get, enter s	uch percentage			17	%	
Pa	art IV	Contributions an	d liquidit	ty shortfalls								
18			•	ear by employer(s) and emp	oloyees:							
(M	(a) Date M-DD-YYY	(b) Amount p employer		(c) Amount paid by employees	<b>(a)</b> D (MM-DD		(b) Amount paid employer(s)		(0	c) Amour emplo	nt paid by byees	
04/	/24/2012		20000	0								
07	/16/2012		50000	0								
09	/10/2012		30000	0								
09	/12/2012		50000	0								
					Totals ▶	18(b)	1	50000	18(c)		0	
19	Discounted	employer contributions	s – see inst	ructions for small plan with	a valuation o	date after th	e beginning of the	year:				
	<b>a</b> Contribu	tions allocated toward	unpaid min	mum required contributions	from prior y	ears		19a			0	
	<b>b</b> Contribu	tions made to avoid res	strictions ac	ljusted to valuation date			····	19b			0	
	<b>C</b> Contribut	ions allocated toward m	inimum requ	uired contribution for current y	ear adjusted	to valuation	date	19c			144501	
20 Quarterly contributions and liquidity shortfalls:												
	a Did the p	olan have a "funding sh	ortfall" for t	he prior year?						X	Yes No	
	<b>b</b> If 20a is	"Yes," were required q	uarterly ins	tallments for the current year	ır made in a	timely manı	ner?	<u></u>				
	<b>C</b> If 20a is	"Yes," see instructions	and comple	ete the following table as ap	plicable:							
				Liquidity shortfall as of e	nd of quarte		•					
	(*	I) 1st		(2) 2nd		(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns used to determine t	funding target and tar	rget i	normal cost				
21	Disco	ount rate:								
	a S	egment rates:	1st segment: 3.78%	2nd segment: 6.31%		3rd segment: 6.57 %		N/A, full yield o	curve	used
	<b>b</b> A	pplicable month	(enter code)				21b			4
22	Weigl	hted average ret	tirement age				22			62
23		ality table(s) (see		escribed - combined		scribed - separate	Substitut	te		
Pa	rt VI	Miscellane	·			·				
	_		nade in the non-prescribed ac	tuarial assumptions for the c	urrent	nlan vear? If "Yes " see	instructions	regarding required		
									Yes	No
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	ıctions	regarding required attac	chment	X	Yes	No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see	instruc	tions regarding required	attachment		Yes	X No
27			or (and is using) alternative fu	•			27			
Pa	rt VII	Reconcilia	ation of unpaid minimu	ım required contribut	tions	for prior years				
28	Unpa	id minimum requ	uired contributions for all prior	years			28			0
29			contributions allocated toward	•			29			0
30	Rema	aining amount of	f unpaid minimum required cor	ntributions (line 28 minus line	e 29)		30			0
Pa	rt VIII	Minimum	required contribution							
31	Targe	et normal cost a	nd excess assets (see instruc	tions):						
	<b>a</b> Tai	rget normal cost	(line 6)				31a			107604
	<b>b</b> Ex	cess assets, if a	applicable, but not greater thar	ı 31a			31b			2673
32	Amor	tization installme	ents:			Outstanding Bala	ance	Installme	nt	
	a Ne	et shortfall amort	tization installment				0			0
	<b>b</b> W	aiver amortizatio	on installment				0			0
33	If a w	aiver has been a	approved for this plan year, er Day Year	ter the date of the ruling lett	er grar	•	33			0
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34			104931
				Carryover balance		Prefunding bala	nce	Total bala	nce	
35	Balar	nces elected for a	use to offset funding							
	requi	rement			0		0			0
36	Addit	ional cash requir	rement (line 34 minus line 35)				36			104931
37			ed toward minimum required c				37			144501
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> To	tal (excess, if an	ny, of line 37 over line 36)				38a			39570
			line 38a attributable to use of				38b			0
39			uired contribution for current y				39			0
40			uired contributions for all years			·	40			0
Pai	rt IX		funding relief under Pe				<u>,                                      </u>			
41	If a sh	nortfall amortizati	ion base is being amortized p	ursuant to an alternative amo	ortizati	on schedule:				
	a Sch	nedule elected						2 plus 7 years	15 y	ears
	<b>b</b> Elig	gible plan year(s)	) for which the election in line	41a was made			200	8 2009 2010	2	2011
42	Amou	nt of acceleratio	on adjustment				42	<del></del>		
			celeration amount to be carrie				43			

#### **Statement of Actuarial Assumptions**

**Target Assumptions:** 

**Options:** 

Male Nonannuitant:

2011 Nonannuitant Male

Use optional combined mortality table for small plans:

Female Nonannuitant:

2011 Nonannuitant Female

Use discount rate transition: No

Male Annuitant:

2011 Annuitant Male

Lump sums use proposed regulations:

Female Annuitant:

2011 Annuitant Female

Actuarial Equivalent Floor

<u>1st</u>

2.47

0.00

Applicable months from valuation month:

Stability period:

plan year

Probability of lump sum:

100.00%

Lookback months:

Use pre-retirement mortality:

No

Nonannuitant:

None

2nd

5.07

0.00

Annuitant:

Current:

Override:

2011 Applicable

<u>3rd</u>

6.10

0.00

Yes

Yes

**Setback** 

**Setback** 

0

0

0

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	3.78	6.31	6.57
Final rates:	3.78	6.31	6.57
Override:	0.00	0.00	0.00
Effective Interest Rate:		6.32	

Salary Scale

Withdrawal

Male:

Male:

Male:

Female:

Female:

**Early Retirement Rates** 

Female:

Withdrawal-Select

0.00% Male: Female:

0.00%

None

None

None

None

None

None

**Late Retirement Rates** 

Male:

None

Female:

None

**Marriage Probability** 

Male: 0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male:

None

Female:

Male:

Female:

None

**Mortality** 

None

None

Subsidized Early Retirement Rates

Male:

None

Female:

None

Name of Plan:

Rafik Khaimov Medical PC Defined Benefit Pension Plan

Plan Sponsor's EIN:

26-1874987

Plan Number:

001

# **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 attachme	ent to Form	5500 or 5	5500-SF.		-	
For	calendar plan year 2011 or fiscal plan year beginning 01/01/	2011		and ending		12/31/	2011
•	Round off amounts to nearest dollar.						
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	nable car	use is established.			
	ame of plan			<b>B</b> Three-digit			
F	AFIK KHAIMOV MEDICAL PC DEFINED BENEFIT PEN	NSION PL	AN	plan number	(PN)	<u> </u>	001
<u> </u>	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			<b>D</b> Employer Ide	ntification	n Number i	(FINI)
<b>O</b> F	lan sponsor's hame as shown on line 2a of 1 only 3300 or 3300-51			Employer ide	minedioi	Transci	(=114)
F	AFIK KHAIMOV MEDICAL PC			26-1874987			
FI	ype of plan: X Single  Multiple-A  Multiple-B  F	Prior vear ola	n size. X	100 or fewer	101-500	☐ More	than 500
		Thor your pic	о.г.о.	<u> </u>			
Щ.	rt I Basic Information		2011				
1	Enter the valuation date: Month 01 Day 01	Year _	2011	_			
2	Assets:			Г	20		200715
	a Market value				2a		380715
	<b>b</b> Actuarial value				2b		380715
3	Funding target/participant count breakdown:		(1) N	umber of participar		(2)	Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment				0		0
	<b>b</b> For terminated vested participants	3b			0		0
	<b>c</b> For active participants:	0 (4)			-		7,552
	(1) Non-vested benefits						76533
	(2) Vested benefits	<b>— `</b>					301509
	(3) Total active				3		378042
	d Total			<u></u>	3		378042
4	If the plan is in at-risk status, check the box and complete lines (a) and	(b)		L _			
	<b>a</b> Funding target disregarding prescribed at-risk assumptions				4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding tran				4b		
	at-risk status for fewer than five consecutive years and disregarding				5		6.32%
5	Effective interest rate				6		107604
6	Target normal cost				0		107004
	ement by Enrolled Actuary  To the best of my knowledge, the information sypplied in this schedule and accompanying schedu	ules, statements	and attachm	ents, if any, is complete a	and accurate	e. Each prescr	ribed assumption was applied in
	accordance with applicable law and/regulations/In my opinion, each other assumption is reasonal combination, offer my best estimate of anticipated experience under the plan.	ble (taking into a	ccount the e	xperience of the plan and	reasonable	expectations	) and such other assumptions, in
ł .	IGN					10/01/2	2012
_ h	ERE /				*		2012
<b>a</b>	Signature of actuary					Date 11054	0.4
Sus	an L. Feit, FCA, MAAA, MSPA						
o	Type or print name of actuary					ent enrolin 16 - 333 -	nent number
Sen	tinel Benefits Group, LLC						
	Firm name			Tele	ohone nu	ımber (incl	uding area code)
	0 Old Country Road						
	te 310 tbury NY 11590-5125						
	Address of the firm		•	_			
If the	actuary has not fully reflected any regulation or ruling promulgated unde	r the statute	in comple	eting this schedule	check th	ne box and	see $\square$
	actually has not fully reflected any regulation of ruling promulgated under	. the statute	compic	g 30/104410,	5 <b>5</b> 011 ti		

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Retinence of beginning of prior year after applicable adjustments (line 13 from prior year)  8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  9 Amount retraining (line 7 rimius line 8)  10 Interest on the sung prior year's actual return of10.25%  10 Interest on 16) using prior year's actual return of10.25%  10 Interest on 16) using prior year's actual return of10.25%  11 Prior year's excess contributions to be added to prefunding balance:  12 Prior on (%) to be added to prefunding balance  13 Prior on (%) to be added to prefunding balance  14 Prior of (%) to be added to prefunding balance  15 Adjusted funding percentage to decrease or decrease of0.76 % except as observations in balances (lab observations)  14 Prior of (%) to be added to prefunding balance  15 Adjusted funding percentage to decrease or decrease of0.76 % except as	Pa	rt II	Begin	ning of year c	arrvove	r and prefunding bal	an	ces							
Section elected for use to offset prior year's funding requirement (line 35 from prior year)   Section	, u		Dogin	imig or your o	unyord	, and protating out			(a) (	Carryover balance		(b) F	Prefundi	ng balance	
prior year?   0   9   9	7		-			-			,		0				0
To interest on see Susing prior year's actual return of 10.75%. □ 11 Prior year's excess contributions to be added to prefunding balance. □ 7.8 Present value of excess contributions (site 35 from prior year) □ 584 □ 7.8 Present value of excess contributions (site 35 from prior year) □ 584 □ 7.8 Present value of excess contributions (site 35 from prior year) □ 584 □ 7.8 Present value of excess contributions (site 35 from prior year) □ 584 □ 7.8 Present value of excess contributions (site 35 from prior year) □ 584 □ 7.8 Present value of the decision of courset plan year to add to prefunding balance □ 6.24 □ 7.8 Present value of color of (c) to be added to prefunding balance □ 6.24 □ 7.8 Present value of the decision of courset plan year to add to prefunding balance □ 6.24 □ 7.8 Present value of the prefunding balance □ 6.24 □ 7.8 Present value of the contributions in balance also to elections of coerned elections □ 0 □ 7.8 Present value of the contributions and liquidity standard value of the contributions and liquidity standard value of the contributions and liquidity standard value of the contributions and liquidity standard value of the sasets of the plan is less than 70 percent of the funding stanget, enter such percentage □ 17 □ 7.8 Present value of the assets of the plan is less than 70 percent of the funding stanget, enter such percentage □ 17 □ 7.8 Present value of the assets of the plan is less than 70 percent of the funding stanget, enter such percentage □ 17 □ 7.8 Present value of the assets of the plan is less than 70 percent of the funding stanget, enter such percentage □ 17 □ 7.8 Present value of the assets of the plan is less than 70 percent of the funding stanget, enter such percentage □ 17 □ 7.8 Present value of the assets of the plan is less than 70 percent of the funding stanget, enter such percentage □ 7.9 Present value of the assets of the plan is less than 70 percent value of the funding stanget and the plan for the plan percentage □ 7.9 Present value of the assets of the plan is less than	8										0				0
11 Pror year's excess contributions to be added to prefunding balance:	9	Amour	nt remainir	ng (line 7 minus line	e 8)						0				0
b Interest on (a) using prior year's effective rate of 6 . 7.6 % except as otherwise provided (see instructions).  c Total available at beginning of current plan year to add to prefunding balance.  d Portion of (c) to be added to prefunding balance.  12 Other reductions in balances due to elections or deemed elections.  □ Total available at beginning of current year (fine 9 + line 10 + line 11d − line 12).  □ Total available at beginning of current year (fine 9 + line 10 + line 11d − line 12).  □ Total available at beginning of current year (fine 9 + line 10 + line 11d − line 12).  □ Total available at beginning of current year (fine 9 + line 10 + line 11d − line 12).  □ Total available at beginning of current year (fine 9 + line 10 + line 11d − line 12).  □ Total available at beginning of current year (fine 9 + line 10 + line 11d − line 12).  □ Total available at beginning of current year (line 9 + line 10 + line 11d − line 12).  □ Total available at beginning of current year (line 9 + line 10 + line 11d − line 12).  □ Total available at beginning are established by a line 10d − line 11d − line 12).  □ Total available at beginning are established by a line 10d − line 11d − line 12).  □ Total available at beginning at line 10d − line 11d − line 12).  □ Total available at line available at large	10	Interes	t on line 9	using prior year's	actual ret	urn of <u>10.75</u> %					0				0
b Interest on (a) using prory year's effective rate of 6.76% except as otherwise provided (see instructions) 3.99  of Total available at beginning of current play rate to add to prefunding balance	11	Prior ye	ear's exce	ss contributions to	be added	to prefunding balance:									
therwise provided (see instructions)		a Pre	sent value	e of excess contrib	utions (lin	e 38 from prior year)								58	486
12   Other rot (c) to be added to prefunding balance		<b>b</b> Inte	erest on (a erwise pro	) using prior year's ovided (see instruc	effective	rate of 6.76% except	t as							3	954
13   Balanca to beginning of current year (line 9 + line 10 + line 110		<b>c</b> Tot	al available	e at beginning of cu	rrent plan y	ear to add to prefunding bala	ince	e						62	440
Part III   Funding percentages   14   100 .70   15   100 .70   15   100 .70   16   16   17   17   17   17   17   18   17   18   18		<b>d</b> Por	tion of (c)	to be added to pre	efunding b	alance									C
Part III   Funding target attainment percentages	12	Other r	reductions	in balances due to	elections	or deemed elections					0				(
14   Funding larget attainment percentage   15   100 / 70     15   Aljusted funding larget attainment percentage   15   100 / 70     16   Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce   16   87 / 81     17   If the current year's funding requirement   17   17   18   18   18   19     18   Contributions and liquidity shortfalls   18   19   19   19     18   Contributions made to the plan for the plan year by employer(s) and employees:    (a) Date (MM-DD-YYYY)   (b) Amount paid by employer(s)   (c) Amount paid by employer(s)   (d) Amount paid by employer(s)   (e) Amount paid by em	13	Balanc	e at begin	ning of current yea	ar (line 9 +	line 10 + line 11d – line 12)	)				0				(
14   Funding larget attainment percentage   15   100 / 70     15   Aljusted funding larget attainment percentage   15   100 / 70     16   Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce   16   87 / 81     17   If the current year's funding requirement   17   17   18   18   18   19     18   Contributions and liquidity shortfalls   18   19   19   19     18   Contributions made to the plan for the plan year by employer(s) and employees:    (a) Date (MM-DD-YYYY)   (b) Amount paid by employer(s)   (c) Amount paid by employer(s)   (d) Amount paid by employer(s)   (e) Amount paid by em	Pa	art III	Fund	ding percenta	aes										
15   Adjusted funding target attainment percentage   16   100 / 70													14	100.7	0 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement					<u> </u>								15	100.7	0 %
Part IV		Prior y	ear's fund	ing percentage for	purposes	of determining whether can	ryov	ver/prefund	ling balar	nces may be used			16	87.8	1%
18   Contributions made to the plan for the plan year by employer(s) and employees:   (a) Date (mM-DD-YYYY)	17	If the c	urrent val	ue of the assets of	the plan i	s less than 70 percent of the	e fu	nding targe	et, enter s	such percentage			17		%
18   Contributions made to the plan for the plan year by employer(s) and employees:   (a) Date (mM-DD-YYYY)	Pi	art IV	Con	tributions and	liauidi	tv shortfalls									
(a) Date (MM-DD-YYYY) (b) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (d) Amount paid							oloy	/ees:							
04/24/2012		(a) Da	ite			(c) Amount paid by	Ė	(a) Dat				(	•		
07/16/2012 50000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u>`</u>			employer(s	·	· · · · · · · · · · · · · · · · · · ·		(MM-DD-Y	YYY)	employer(	s)		emp	loyees	
09/12/2012 30000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					20000										
09/12/2012 5000 0							<u> </u>						·		
Totals ► 18(b) 150000 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 contributions from prior years. 19a 19b 19b 19b 19b 19b 19b 19b 19b 19b 19b					30000										
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 contributions from prior years	0.9	9/12/	2012		50000	0								····	
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 contributions 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 contributions 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.  19b  C Quarterly contributions and liquidity shortfalls:  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															
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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 contributions 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.  19b  C Quarterly contributions and liquidity shortfalls:  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							_								
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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 contributions 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.  19b  C Quarterly contributions and liquidity shortfalls:  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							<u> </u>		1			40/3	T		
a Contributions allocated toward unpaid minimum required contributions 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.  19b  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?							!					18(C)			(
b Contributions made to avoid restrictions adjusted to valuation date	19									1					
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date															(
20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?		<b>b</b> Con	tributions	made to avoid res	trictions a	djusted to valuation date					ļ <del>-</del>				(
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		<b>c</b> Con	tributions a	allocated toward min	nimum req	uired contribution for current y	year	r adjusted to	valuation	n date	19c			144	150
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	20		-												
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		<b>a</b> Did	the plan h	nave a "funding sho	ortfall" for	the prior year?								X Yes	No
Liquidity shortfall as of end of quarter of this plan year		<b>b</b> If 20	Da is "Yes,	" were required qu	arterly ins	tallments for the current yea	ar m	nade in a tii	mely mar	nner?				Yes X	No
		<b>c</b> If 20	Da is "Yes,	" see instructions	and compl	ete the following table as ap	oplic	cable:							
(1) 1st   (2) 2nd   (3) 3rd   (4) 4th							end	of quarter							
(1) 100 (2) 2100 (7) 101	(1) 1st				(2) 2nd	$\dashv$		(3) 3rd			(4) 4th				

_Pa	rt V   Assumptio	ns used to determine f	unding target and target	normal cost				
21	Discount rate:							
	a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%		N/A, full yiel	d curve used	
	<b>b</b> Applicable month	(enter code)			21b			4
22	Weighted average re	tirement age			22		6	2
	Mortality table(s) (se			escribed - separate	Substitute	ê		_
Pa	rt VI Miscellane	ous items						
			uarial assumptions for the curren	t nlan vear? If "Yes " see	instructions	renarding require	·4	
	attachment					<u>x</u>	Yes No	
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruction:	s regarding required attac	hment	X	Yes No	
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment.		Yes X No	
27	,	·	nding rules, enter applicable code		27			
			ım required contributions					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	years		28			0
29			l unpaid minimum required contrit		29			0
30	Remaining amount of	f unpaid minimum required cor	tributions (line 28 minus line 29)		30			0
Pa	rt VIII Minimum	required contribution t	or current year					
31	Target normal cost a	nd excess assets (see instruct	ions):					
	a Target normal cost	t (line 6)			31a		10760	4
	<b>b</b> Excess assets, if a	applicable, but not greater than	31a		31b		267	3
32	Amortization installme	ents:	1 1000	Outstanding Bala	ince	Installi	ment	
	a Net shortfall amort	tization installment			0			0
	<b>b</b> Waiver amortization	on installment			0			0
33			ter the date of the ruling letter gra		33			0
34	Total funding require	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		10493	1
-	3 - 7		Carryover balance	Prefunding balar	nce	Total ba	alance	-
35	Balances elected for	una ta affa at fundina		Tronsming care		, 5(3)		
33		use to onset funding	(		o			0
36	Additional cash requi	rement (line 34 minus line 35).		.1	36		10493	1
	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37		14450	— 1
38		ess contributions for current ye			<u> </u>			
					38a		3957	0
			prefunding and funding standard		38b			0
39			ear (excess, if any, of line 36 over		39			0
		***************************************	ear (excess, if any, of time 50 over		40			0
			nsion Relief Act of 2010		1			_
			ursuant to an alternative amortizat					
<del></del>			irsuant to an alternative amortizat		П	2 plus 7 years	15 years	
			41a was made					
42		· · · · · · · · · · · · · · · · · · ·				, Troos Tro	<u> </u>	
			de colo Character and		42			_
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		43			

## Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name:

Rafik Khaimov Medical PC Defined Benefit Pension Plan

Plan Sponsor's Name:

Rafik Khaimov Medical PC

EIN: <u>26-1874987</u>

PN: <u>001</u>

Date of	Amount	Year	Effective	Interest Adjusted
Contributon 04/24/2012		Applied 2011	Interest Rate	Contribution: 19,489
04/24/2012	20,000	2011	6.32	19,489
07/16/2012	50,000	2011	6.32	48,366
09/10/2012	30,000	2011	6.32	28,748
09/12/2012	50,000	2011	6.32	48,366 28,748 47,898
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#### Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

EIN: <u>26-1874987</u>

PN: <u>001</u>

Plan Name: Rafik Khaimov Medical PC Defined Benefit Pension Plan

Plan Sponsor's Name: Rafik Khaimov Medical PC

The weighted average retirement age is equal to the normal retirement age of  $\underline{62}$  List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

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

Service/Participation Requirements **Eligibility Requirements** 

21 Definition of years: Hours worked Age (yrs):

Continuing hours: 1.000 Age (months):

**Excluded classes:** Wait (months): 12 Union Members Two year eligibility: No Non-resident alien

**Earnings** 

Total compensation excluding: 403(b)

Cafeteria Other

Retirement Normal **Early Subsidized Early Disability** Death 62 Age: 21 0 Service: 0 5 Participation: 1st of month 1st of month Defined: following following

Benefit Reduction / Mortality table & setback

0 Male: Actuarial Equivalence Actuarial Equivalence None 0 Actuarial Equivalence Actuarial Equivalence None Female:

None None None Rates - Male: Rates - Female: None None None

**REACT Benefits Percentage:** 50.00% Use Social Security Retirement Age: No

Pre-retirement death benefit **Vesting Schedule:** 2/20

Hours Worked Percentage of accrued benefit: 100.00% **Vesting Definition:** 

Death Benefit Payment method: PVAB

**Annuity** Percent Years Normal: Life only 0.00% 0 OJSA: 0 50.00% Joint and contingent

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Rafik Khaimov Medical PC Defined Benefit Pension Plan

26-1874987 Plan Sponsor's EIN:

Plan Number:

Plan Sponsor's Name: Rafik Khaimov Medical PC

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

**Benefits** 

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

**Effective Date:** 01/01/2007

Unit type: Percent
Unit based on: Participation
Maximum total percent: 0.00%

Tiers based on: None First tier: 5.00%

First tier: 5.00% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 10 Future years: 10 Total years: 10

**Averaging** 

Projection method: Current Compensation
Based on: Final Average Annualize short compensation years: No
Highest: 3 Annualize short plan years: No

In the last: 0 Include compensations based

**Excluding:** 0 **on years of:** Accrual

**Accrual** 

Frozen: No

Definition of years: Hours worked Fractions based on: N/A

Accrual credit:Continuing<br/>1000Died<br/>1000Disabled<br/>1000Retired<br/>1000Terminated<br/>1000Precision:<br/>Limit current credit

to: N/A

Years based on:

Maximum past accrual years:

O.0000

Cap or floor:

Cap

Method:

Unit accrual

Accrual % per year:

Apply 415 before accrual:

No

Name of Plan: Rafik Khaimov Medical PC Defined Benefit Pension Plan

Plan Sponsor's EIN: 26-1874987

Plan Number: 001

Plan Sponsor's Name: Rafik Khaimov Medical PC

### Attachment to 2011 Form 5500 Schedule SB, line 25 - Change in Method

Plan Name: Rafik Khaimov Medical PC Defined Benefit Pension Plan

Plan Sponsor's Name: Rafik Khaimov Medical PC

EIN: <u>26-1874987</u>

PN: <u>001</u>

Automatic approval under IRS Announcement 2010-3 due to change in valuation software.

### SCHEDULE SB, LINE 24 - CHANGE IN ACTUARIAL ASSUMPTIONS

PLAN NAME: Rafik Khaimov Medical PC Defined Benefit Pension Plan

EMPLOYER ID#: 26-1874987

PLAN NUMBER: 001

PLAN YEAR: 01/01/2011 - 12/31/2011

Schedule SB, line 24 –The assumed form of payment was changed from 50% lump sum / 50% life annuity to 100% lump sum to better reflect projected benefit liability.