

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2011</div> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan
<b>B</b> This return/report is:	<input checked="" type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)	

<b>Part II Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan ADVANTAGEHEALTH MEDICAL SERVICES PC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST FOR FORMER IMAST EMPLOYEES	<b>1b</b> Three-digit plan number (PN) ►	003
	<b>1c</b> Effective date of plan	01/01/2011
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADVANTAGEHEALTH MEDICAL SERVICES PC  555 ST. JOSEPH'S BOULEVARD ELMIRA, NY 14901	<b>2b</b> Employer Identification Number (EIN)	20-3240197
	<b>2c</b> Sponsor's telephone number	607-733-6541
	<b>2d</b> Business code (see instructions)	621111
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") ADVANTAGEHEALTH MEDICAL SERVICES PC 555 ST. JOSEPH'S BOULEVARD ELMIRA, NY 14901	<b>3b</b> Administrator's EIN	20-3240197
	<b>3c</b> Administrator's telephone number	607-733-6541
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name	<b>4b</b> EIN	
	<b>4c</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	62
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b>	57
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	<b>5c</b>	
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>		

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	0	315181
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	0	315181
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	318142	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	-2544	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		315598
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	417	
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		417
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		315181
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**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:

1C 1G

**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**

	Yes	No	Amount
<b>10</b> During the plan year:			
<b>a</b> 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) .....		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	X		1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b> 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.) .....		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b> 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)) ..... ☒ Yes ☐ No

**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.)

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>	

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ..... ☐ Yes ☒ 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 under the control of the PBGC? ..... ☐ Yes ☒ No

**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2012	RONALD KINTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2012	RONALD KINTZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan ADVANTAGEHEALTH MEDICAL SERVICES PC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST FOR FORMER IMAST EMPLOYEES	<b>B</b> Three-digit plan number (PN) ▶ 003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADVANTAGEHEALTH MEDICAL SERVICES PC	<b>D</b> Employer Identification Number (EIN) 20-3240197
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2011	
<b>2</b> Assets:	
<b>a</b> Market value.....	<b>2a</b> 0
<b>b</b> Actuarial value.....	<b>2b</b> 0
<b>3</b> Funding target/participant count breakdown:	
<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b> (1) Number of participants 0 (2) Funding Target 0
<b>b</b> For terminated vested participants.....	<b>3b</b> 0 0
<b>c</b> For active participants:	
(1) Non-vested benefits.....	<b>3c(1)</b> 0
(2) Vested benefits.....	<b>3c(2)</b> 0
(3) Total active.....	<b>3c(3)</b> 62 0
<b>d</b> Total.....	<b>3d</b> 62 0
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>
<b>5</b> Effective interest rate.....	<b>5</b> 5.10 %
<b>6</b> Target normal cost.....	<b>6</b> 226122

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	10/12/2012
Signature of actuary	Date
BRET G. JOHANTGEN	11-06040
Type or print name of actuary	Most recent enrollment number
EBS-RMSCO, INC.	585-421-4400
Firm name	Telephone number (including area code)
30 PERINTON HILLS MALL FAIRPORT, NY 14450	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

<b>Part II Beginning of year carryover and prefunding balances</b>		
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of _____% .....		
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38 from prior year) .....		
<b>b</b> Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions) .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
<b>d</b> Portion of (c) to be added to prefunding balance.....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....		
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

<b>Part III Funding percentages</b>		
<b>14</b> Funding target attainment percentage.....	<b>14</b>	100.00 %
<b>15</b> Adjusted funding target attainment percentage.....	<b>15</b>	100.00 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>					
<b>18</b> 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 employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/01/2011	76355				
12/12/2011	241787				
			<b>Totals ►</b>	<b>18(b)</b>	318142
				<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	305482
<b>20</b> Quarterly contributions and liquidity shortfalls:		
<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> 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

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	226122	
<b>b</b> Excess assets, if applicable, but not greater than 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	226122	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	226122	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	305482	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	79360	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2011****This Form is Open to Public  
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

AdvantageHealth Medical Services PC Employees Defined Benefit Pension

**B** Three-digit  
plan number (PN) ▶

003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

AdvantageHealth Medical Services PC

**D** Employer Identification Number (EIN)

20-3240197

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2011**2** Assets:**a** Market value ..... **2a** 0**b** Actuarial value ..... **2b** 0**3** Funding target/participant count breakdown:**a** For retired participants and beneficiaries receiving payment..... **3a** (1) Number of participants 0 (2) Funding Target 0**b** For terminated vested participants..... **3b** 0 0**c** For active participants:(1) Non-vested benefits..... **3c(1)** 0(2) Vested benefits..... **3c(2)** 0(3) Total active..... **3c(3)** 62 0**d** Total..... **3d** 62 0**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..... **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate ..... **5** 5.10 %**6** Target normal cost ..... **6** 226,122**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

10/12/2012

Date

BRET G. JOHANTGEN

Type or print name of actuary

11-06040

Most recent enrollment number

EBS-RMSCO, INC.

Firm name

(585) 421-4400

Telephone number (including area code)

30 PERINTON HILLS MALL

FAIRPORT

NY 14450

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011  
v.012611

**Part II Beginning of year carryover and prefunding balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b> Amount remaining (line 7 minus line 8).....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of _____ %.....		
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38 from prior year) .....		
<b>b</b> Interest on (a) using prior year's effective rate of _____ % except as otherwise provided (see instructions).....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
<b>d</b> Portion of (c) to be added to prefunding balance.....		
<b>12</b> Other reductions in balances due to elections or deemed elections.....		
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

**Part III Funding percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	100.00 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	100.00 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and liquidity shortfalls**

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/01/2011	76,355				
12/12/2011	241,787				
<b>Totals •</b>			<b>18(b)</b>	318,142	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	305,482

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No

**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

**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



**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: % <input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):									
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	226,122							
<b>b</b> Excess assets, if applicable, but not greater than 31a .....	<b>31b</b>	0							
<b>32</b> Amortization installments:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">Outstanding Balance</th> <th style="width:40%;">Installment</th> </tr> <tr> <td><b>a</b> Net shortfall amortization installment.....</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment.....</td> <td></td> </tr> </table>			Outstanding Balance	Installment	<b>a</b> Net shortfall amortization installment.....	0	<b>b</b> Waiver amortization installment.....	
Outstanding Balance	Installment								
<b>a</b> Net shortfall amortization installment.....	0								
<b>b</b> Waiver amortization installment.....									
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	<b>33</b>								
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	226,122							
		Carryover balance	Prefunding balance						
<b>35</b> Balances elected for use to offset funding requirement .....			Total balance						
			0						
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	226,122							
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	305,482							
<b>38</b> Present value of excess contributions for current year (see instructions)									
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	79,360							
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0							
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0							
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0							

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		



Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan  
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**Schedule SB, line 19 - Discounted Employer Contributions**

<u>Date</u>	<u>Amount</u>	<u>Plan Year</u>	<u>Effective Interest Rate</u>	<u>Interest Adjusted Contribution</u>
06/01/2011	\$ 76,355	2011	5.10%	\$ 74,800
12/12/2011	<u>241,787</u>	2011	5.10%	<u>230,682</u>
Total	\$ 318,142			\$ 305,482

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
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**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

A. Consistency of Methods and Assumptions

This is the first valuation that these calculations have been completed for this plan.

B. Actuarial Cost Method

As mandated by law, the actuarial cost method used to calculate the costs of the Plan for retirement, termination and surviving spouse's benefits is known as the Traditional Unit Credit Actuarial Cost Method. Under this method, each active participant's accrued benefit at the valuation date is calculated based on the terms of the plan and the actuarial assumptions. Vested benefits are determined as required under the law and regulations.

The Actuarial Accrued Liability is determined from the benefit based upon service accrued to the valuation date and compensation at the valuation date. The Normal Cost is determined from the difference between the Actuarial Accrued Liability using service and salary estimated to be earned at the end of the valuation year and the Actuarial Accrued Liability using service and salary earned at the beginning of the valuation year. Unfunded liabilities are amortized over 7 years as required under the law and regulations.

C. Benefit Limitations under IRC Section 415(b)

The benefit limitation imposed by section 415(b) of the Internal Revenue Code, relating to the maximum benefit under a defined benefit plan, has been taken into account.

D. Asset Valuation Method

Plan assets are held in a trust fund and valued at market value.

E. Participants Included in the Calculations

Based on employee data received from the Employer, all employees who are eligible for participation in the plan as of the valuation date are included in the calculations. Former employees, or their beneficiaries or contingent annuitants, where applicable, are also included if the employee data indicates that they are entitled to an immediate or deferred benefit under the provisions of the plan.

No liability is held for nonvested, inactive employees who have a break-in-service, or for employees who have quit or been terminated even if a break-in-service had not occurred as of the valuation date.

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
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**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

F. Actuarial Assumptions

1. *Mortality*

*Target Liability*

In the calculation of the target liability the Optional Small Plan Mortality Table was used as prescribed under Notice 2008-85 (zero pre-retirement mortality).

*PBGC Variable Rate Premium*

Same as for Target Liability.

*Disabled lives*

None.

2. *Withdrawal from service*

*Termination*

Vaughn Ultimate Turnover Table.

*Disability*

None.

3. *Interest rates*

*Target Liability*

Full yield curve as of January 2011 (0.81% as of the valuation date).

*Effective Rate*

5.10% used for adjusting amounts to the valuation date.

*PBGC Variable Rate Premium*

1.98% for the first 5 years then 5.23% for the next 15 years then 6.52% after 20 years as prescribed by law.

4. *Compensation*

Salaries were assumed to increase each year at the rate of 0.00% of the prior year salary. A participant's Plan compensation is limited to a maximum of \$245,000 for the current year and future Plan years for benefit accrual purposes. This limit is indexed with future increases assumed at 0%, as required by regulation.

5. *Retirement age*

The retirement age is 65 or the age on the valuation date if greater is assumed.

6. *Allowance for other expenses*

Based on prior year administrative, rounded to the nearest \$1,000.

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for Former IMAST Employees

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

F. Actuarial Assumptions (continued)

7. *Percentage married and age of spouse*

For purposes of the pre-retirement spouse's benefit, it is assumed that all participants will have an eligible surviving spouse, with males 3 years older than females.

8. *Form of payment*

Participants currently receiving benefit payments are assumed to continue receiving benefits in the optional form they elected upon retirement. All other participants are assumed to elect to receive a life annuity upon retirement.

9. *Examples of the preceding assumptions*

MORTALITY			January 2011	
Annual Probability Per 100 Participants			Full Yield Curve	
Age	Male	Female	Entry	Yield
25	0.02900	0.01430	1	0.81%
30	0.03900	0.02030	5	3.33%
35	0.06790	0.03560	10	5.02%
40	0.08760	0.04770	15	5.71%
45	0.10870	0.07390	20	6.02%
50	0.14470	0.11060	25	6.19%
55	0.23230	0.22410	30	6.31%
60	0.48540	0.45480	35	6.39%
65	0.98080	0.88390	40	6.46%
70	1.66510	1.50060		
75	2.92260	2.41800		
80	5.37160	4.04300		
85	9.76020	6.94950		

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
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**Schedule SB, Part V - Summary of Plan Provisions**

A. Effective Date

The initial effective date of the Pension Plan is January 1, 2011, 1961.

B. Eligibility for Participation

Any Employee who is a former employee of Internal Medicine Associates of the Southern Tier, P.C. and who was hired by the Employer on October 1, 2010 shall be eligible to participate in the Plan on January 1, 2011. No other Employees shall be eligible to participate in this Plan.

C. Employee Contributions

None permitted.

D. Year of Vesting Service

One full year of service for each plan year with at least 1,000 hours of service. For the purpose of determining the vested status of a Participant, no partial credit is given.

E. Year of Creditable Service

One full year of service for each plan year with at least 1,000 hours of service. For the purpose of determining the retirement benefits of a Participant, no partial credit is given.

F. Plan Year

Plan Year means the 12 consecutive month period commencing January 1 and ending December 31.

G. Compensation

Total W-2 Compensation actually paid including bonuses, overtime, and any other additional compensation. Salary deferrals by reason of Code Sections 125, 402(g) and 132(f) shall also be included.

H. Actuarial Equivalence

1. *Interest Rate - 30-year Treasury Rate*
2. *Pre-Retirement Mortality - none*  
*Post-Retirement Mortality - Revenue Ruling 2001-62 Mortality Table*

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for Former IMAST Employees  
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**Schedule SB, Part V - Summary of Plan Provisions**

H. Normal Retirement Benefit

1. *Eligibility requirements - Attainment of age 65 or the Participant's 5th anniversary of joining the Plan, if later.*
2. *Cash Balance - Benefit equal to actuarial equivalence of Theoretical Account Balance. Formula for Theoretical Account Balance is as follows:*

i. Compensation Credit:

As of the last day of each Plan Year, each Participant's Theoretical Account shall be credited with a Compensation Credit in the following amounts:

- a) for Roger Schenone, an amount equal to \$50,000;
- b) for each of Joseph Calderone and James Freeman, an amount equal to \$30,000;
- c) for each of Dominic Romeo and Keith Parker, an amount equal to \$20,000;
- d) for Edward Foster, an amount equal to \$12,000;
- e) for each of Francisco Corbalan and Randall Slimak, \$0; and
- f) for any other Participant, an amount equal to 3% of the Participant's Compensation for the Plan Year.

plus

ii. Interest Credit:

As of the last day of each Plan Year, each Participant's Theoretical Account shall be credited with an amount equal to the product obtained by multiplying his Theoretic Account Balance as of the beginning of the Adjustment Period by the Treasury Rate in effect for the current Plan Year. If the Adjustment Period is less than a full Plan Year, the Interest Credit shall be prorated for the length of the Adjustment Period.

minus

iii. Distribution Debits

A Participant's Distribution Debit for any Adjustment Period shall be equal to the sum of his Adjusted Distributions for that period. For this purpose, an "Adjusted Distribuion shall equal the amount actually distributed to the Participant or his Beneficiary, multiplied by  $(1 + R)$ , where:

$R$  = the per annum interest rate described in subparagraph ii. above, multiplied by  $(M \div 12)$

$M = L - L'$

$L$  = the number of whole months in the Adjustment Period

$L'$  = the number of whole months in the Adjustment Period as if the date of determination was the date of distribution

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
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**Schedule SB, Part V - Summary of Plan Provisions**

I. Early Retirement Benefit

This Plan does not provide for the payment of retirement benefits prior to the date the Participant attains Normal Retirement Age.

J. Vested Retirement Benefit

1. *Eligibility requirements - Participants are 100% vested in their accrued benefits after completion of three Years of Vesting Service.*
2. *Monthly pension - The amount is calculated as in H. above.*
3. *Payment - Full vested benefit commences on the first day of the month coinciding with or next following attainment of normal retirement age. Payments continue monthly for the remainder of the Participant's lifetime.*

K. Death Benefits

1. *Postretirement - none, except through an option elected at retirement.*
2. *Preretirement - Each Participant with 5 or more Years of Vesting Service and terminated vested Participants have an automatic spouse's death benefit. A monthly income payable to the eligible surviving spouse is equal to 50% of the reduced monthly retirement benefit had the Participant survived to earliest retirement date and elected a 50% Joint and Survivor Option. If greater, a surviving spouse is entitled to receive a lump sum value of the participant's accrued benefit. The present value of accrued benefit may be paid to a Beneficiary if there is no spouse.*

L. Optional Forms of Pension Available on Normal or Early Retirement

The normal form of benefit is a life annuity. The optional payment methods described below are the

1. *Contingent annuitant option - Participant receives a reduced pension commencing at actual retirement. Survivor receives 50%, 75% or 100% of the Participant's reduced pension for life commencing at the Participant's death.*
2. *Period certain and life option - pension is reduced and paid for the longer of Participant's life or 120 months depending on the certain period elected.*

M. Plan Change

The Plan was established effective January 1, 2011.



Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
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**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

(1)	(2)	(3)	(4)	(5)
Age	Rate	Number of People	Number Retiring (2) x (3)	Total Age (1) x (4)
65	1.000	1,000.00	1,000.00	65,000.00
Total			1,000.00	65,000.00
Average Retirement Age				65.00

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan  
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**Schedule SB, line 26 - Schedule of Active Participant Data**

Age	Years of Credited Service										Total
	Under 1	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 +	
Under 25	2	0	0	0	0	0	0	0	0	0	2
25-29	2	0	0	0	0	0	0	0	0	0	2
30-34	5	0	0	0	0	0	0	0	0	0	5
35-39	7	0	0	0	0	0	0	0	0	0	7
40-44	3	0	0	0	0	0	0	0	0	0	3
45-49	6	0	0	0	0	0	0	0	0	0	6
50-54	16	0	0	0	0	0	0	0	0	0	16
55-59	9	0	0	0	0	0	0	0	0	0	9
60-64	7	0	0	0	0	0	0	0	0	0	7
65-69	4	0	0	0	0	0	0	0	0	0	4
70 & up	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
Total	62	0	0	0	0	0	0	0	0	0	62

Average completed years of service: 0.0      Average age: 49.6 years