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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	0.10.011 20	none Guaranty Gorporation	Complete all entries in a	accordance with the instr	uctions to the Form 550	<u>0-SF.</u>		
	art I		Identification Information	n				
For	calenda	ar plan year 2012 or fisc		1/2012	and ending 1	2/31/2	2012	
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
В	This retu	urn/report is:	the first return/report	the final return/repor	t			
			an amended return/report	a short plan year retu	urn/report (less than 12 m	onths))	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
•	000	on in initing under	special extension (enter des	cription)				
P	art II	Rasic Plan Infor	rmation—enter all requested i	. ,				
	Name		mation—enter an requested i	momation		1h	Three-digit	
			RVICES, PC DEFINED BENEFI	T PENSION PLAN			plan number	
							(PN) •	001
						1c	Effective date o	f plan
							01/01	/2010
		oonsor's name and add IATTAN MEDICAL SEI	dress; include room or suite num	ber (employer, if for a single	e-employer plan)	2b	Employer Identi	
LAG	I WAIN	IATTAN WEDICAL SEI	KVIOLO, I O			_	(=114)	09837
						2c	Sponsor's telep	
		D STREET, 2ND FLR. NY 10028				24		
						Zu	62111	(see instructions)
3a	Plan ac	dministrator's name and	d address X Same as Plan Spo	nsor Name Same as Pla	an Sponsor Address	3b	Administrator's	
-	i idii de		a address Meanie as Flair ope		an oponion hadrood		, tarrimiotrator o	
						3c	Administrator's	telephone number
4	If the s	ome and/or FINI of the	nlan ananaar haa ahangad aina	a tha last ratura/rapart filad	for this plan antar the	415		
4			plan sponsor has changed sinc nber from the last return/report.	e the last return/report filed	for this plan, enter the	40	EIN	
а		or's name				4c	PN	
5a	Total n	number of participants a	at the beginning of the plan year			5a		8
b	Total n	number of participants a	at the end of the plan year			5b		6
С	Numbe	er of participants with a	account balances as of the end of	f the plan year (defined be	nefit plans do not			
					•	5c		
6a	Were	all of the plan's assets	during the plan year invested in	eligible assets? (See instru	uctions.)			X Yes No
b			the annual examination and rep					□ v □ v.
			(See instructions on waiver elig	•				X Yes No
_			ther line 6a or line 6b, the plan					
			or incomplete filing of this retu					-1-1 0-11-1-
			ner penalties set forth in the instr ad signed by an enrolled actuary,					
		rue, correct, and comp		as non as and stocked no		,		ougo and
		Filed with outhorized/v	volid electronic eigneture	04/26/2012	DETED DICTLED			
SIG		riled with authorized/v	valid electronic signature.	04/26/2013	PETER DISTLER			
IIL	\L	Signature of plan ad	Iministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator
SIG								
H	RE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
			ame, if applicable) and address;	include room or suite numb				number (optional)
	. PIASE	C SION CONSULTANTS					845-354	1-8373
	/ARINEI							
		IY 10952						

Form 5500-SF 2012 Page **2**

Do	t III Financial Information										
Pa	rt III Financial Information				\top						
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End o				
<u>а</u>	Total plan assets	7a 	63552		-			111	18957		
	Total plan liabilities	7b _	00550	0	-				0		
	Net plan assets (subtract line 7b from line 7a)	7c	63552	20					8957		
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal			
а	Contributions received or receivable from: (1) Employers	8a(1)	41800	00							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	6625	52							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48	4252		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	81	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							815		
i	Net income (loss) (subtract line 8h from line 8c)	8i						48	33437		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics	<u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons:			
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	t V Compliance Questions										
	•				Yes	No					
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in		162	140	<u> </u>	Amou	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
D	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					1000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part				101							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
112	Enter the amount from Schedule SB line 39					11a		ш			0
12	Is this a defined contribution plan subject to the minimum funding			or eo	ction		FRISA?	П	Yes	X	No
14		-		. UI SE	UIUII	JUZ UI	LINIOM!	Ш	. 00	^	. 10
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th		e lett Year	er ruli	ng	
——————————————————————————————————————	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		ı c al			
	Enter the minimum required contribution for this plan year	•				12b					
n											

	Form 5500-SF 2012 Page 3 - 1			
			1	
C	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 a negative amount)	12d		
<u>e</u>	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 X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

								an attachme	ent to Form	5500 or	5500-	SF.							
Fo	r calendar	plar	year 2012	2 or f	iscal plan y	ear beg	inning 0	1/01/2012				and en	ding	12/31/	2012	2			
•	Round of	f an	nounts to	near	est dollar.														
_		_	enalty of \$	1,000	will be ass	sessed f	or late filing o	of this report	unless reas	onable ca	use is	establis	hed.			1			
	Name of p		AN MEDIC	CAL S	SERVICES	, PC DE	FINED BENE	EFIT PENSIC	ON PLAN		В	Three-c	•	r (PN))	•	(001	
С	Plan snon	enr's	name as	show	n on line 2:	a of For	m 5500 or 55	00-SE			D	Employe	r Ide	ntification	n Nu	mher (FINI)		
					SERVICES,		111 0000 01 00	00-01				4809837		Titilloatio	11110	iiibci (()		
											20-	4009037							
Е	Type of pla	n:	X Single	П	Multiple-A	Mul	tiple-B	F	Prior year pla	an size:	100	or fewer	П	101-500	П	More t	han 500		
					•	Ш -	- 1		7										
			ic Infor			M = == 4 l=	10	Davi 21	V	2012									
<u>1</u>		e va	luation da	te:	ľ	Month _	12	Day <u>31</u>	Year _	2012	_								
2	Assets:	4	l										Г	2a					700057
																			700957
_														2b					700957
3		•	, , ,		ount break				0-	(1) N	lumbe	r of parti	cipar			(2)	Funding	Target	
							0.,	ent						0					0
					rticipants				. 3b					1					1089
	C For a		participan						- 40										
	(1)																		269805
	(2)	V	ested bene	efits															356761
	(3)	T	otal active											4					626566
											_			5					627655
4	If the pla	an is	in at-risk	status	s, check the	e box ar	d complete li	ines (a) and ((b)				_						
	a Fundi	ng t	arget disre	gardi	ng prescrib	ed at-ris	sk assumptio	ns						4a					
								arding transiti						4b					
							·	d disregarding	•										
5	Effective	int	erest rate.											5					6.85 %
6														6					313281
Sta	accordance v	f my l	knowledge, the	e inforr and reg	nation supplied	opinion, e	each other assum	npanying schedul ption is reasonab											
	SIGN																		
ŀ	HERE										_				()4/11/2	2013		
					Signa	ture of a	actuary									Date			
ED	STEINME	TZ,	E.A.								_					11-048	303		
					Type or pr	int name	e of actuary							Most rec	ent e	enrollm	ent num	ber	
ELI	TE PENSI	NC	CONSULT	ANT	S						_					845-35	4-8373		
		10/0			F	irm nan	ne						Telep	ohone nu	ımbe	er (inclu	uding are	ea code)
	MARINER DNSEY, N																		
					Add	ress of t	he firm				_								
lf th	e actuary h	י פנו	not fully ref	flecte	d any regul	ation or	ruling promi	lgated under	the statute	in comple	etina tl	nis scher	dule	check th	e ho	x and	see		П
	uctions	ias I	iot fully fel	ICCIC	a arry regul	audii Ul	raining profitto	ngatou under	ino statute	comple	Jung u	301160	auic,	OHOOK III	00	, and	000		Ц

Page 2	-	
--------	---	--

Schedule SB (Form 5500) 2012

Pa	art II	Begir	ning of Year	Carryov	er Prefunding Baland	ces							
	•						(a) (Carryover balance		(b) i	Prefundi	ng balai	nce
7		_	•		cable adjustments (line 13 f				0				0
8					unding requirement (line 35				0				0
9									0				0
10	Interes	t on line 9	ousing prior year's	s actual ret	urn of%								
11	Prior ye	ear's exce	ess contributions to	o be added	d to prefunding balance:								
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)								105036
					nterest rate of5.25%					5514			
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce							110550
	d Porti	ion of (c)	to be added to pre	efunding ba	alance								110550
12	Other r	eductions	s in balances due	to elections	s or deemed elections				0				0
13	Balanc	e at begir	nning of current ye	ear (line 9 +	+ line 10 + line 11d – line 12)			0				110550
Ρ	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	attainment percent	age							14	9	4.06 %
15 Adjusted funding target attainment percentage										15	6	2.56 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											16	7	6.48 %
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
P	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:							
(N	(a) Da ⁻ 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pai employer(s		(c) Amount paid by employees			by
03	3/10/201	3		418000	0								
							1000						
						Totals ►	18(b)		418000	18(c)			0
19			•		tructions for small plan with			ı ı ı					
					imum required contributions				19a				0
					djusted to valuation date				19b				0
					uired contribution for current y	ear adjusted	to valuatior	n date	19c				418000
20		,	outions and liquidit	•							Г	1 1/2 -	V N-
		•	-		the prior year?						<u> </u>	Yes	X No
					y installments for the current	•	-	manner?				Yes	No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a			n vear					
		(1) 19	st		Liquidity shortfall as of e (2) 2nd	ilu oi quaiter	(3)	3rd			(4) 4th	1	
(1) 151 (2) 2110 (3) 310													

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		unt rate:								
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ıll yield	curve	e used
	b App	licable month (enter code)		1	21b				0
22	Weigh	ted average ret	irement age			. 22				60
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	· ·	uarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	er applicable code and see instru	ctions regarding	27				_
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				I unpaid minimum required contrib		29				0
30	Remai	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):						
	a Targ	et normal cost	(line 6)			. 31a				313281
	b Exce	ess assets, if ap	oplicable, but not greater than	······	. 31b				0	
32	Amorti	ization installme	Outstanding Bala	ance	1	nstallm	ent			
	a Net	shortfall amortiz	zation installment			57684				11051
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34				324332
				Carryover balance	Prefunding bala	ince	To	tal bala	ance	
35			use to offset funding							0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				324332
37	Contrib (line 1	butions allocate	d toward minimum required co	ontribution for current year adjuste	ed to valuation date	37				418000
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)						
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a				93668
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	carryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid	d minimum requ	uired contributions for all years	i		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected					2 plus 7 yea	ırs	15	years
	b Eligi	ble plan year(s) for which the election in line	41a was made		200	8 2009	2010	Ī	2011
42	Amoun	nt of acceleratio	n adjustment			42				
				d over to future plan years		43				

EAST MANHATTAN MEDICAL SERVICES, PC

DEFINED BENEFIT PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	2	2	0	0	0	0	0	4
5-9	0	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	2	2	0	0	0	0	0	4

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age:

44.5

Average Service:

3

EAST MANHATTAN MEDICAL SERVICES, PC DEFINED BENEFIT PENSION PLAN

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

	For Funding Min Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1 5.54% 1.66%	Pre-Retirement 5.00%	Pre-Retirement 5.00%
	Seg 2 6.85% 4.47%	Post-Retirement 5.00%	Post-Retirement 5.00%
	Seg 3 7.52% 5.52%		
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Future Salary Incr	5% SALARY SCALE	None	None
Post-Retirement			
Mortality	2012 Applicable Mortality Table from Rev Rul 2006-67	2012 Applicable Mortality Table from Rev Rul 2006-67	2012 Applicable Mortality Table from Rev Rul 2006-67
Assumed Benefit Form F	or Funding	Lump Sum	
Calculated Effective Inte	erest Rate	6.85%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information		10/21/2012
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012 and ending	12/31/2012
A This return/report is for:	a multiple-employer plan (not multiemployer	er) a one-participant plan
B This return/report is:	the final return/report	
an amended return/report	a short plan year return/report (less than 12	months)
C Check box if filing under: Form 5558	automatic extension	DFVC program
special extension (enter descri	iption)	
Part II Basic Plan Information—enter all requested info	omation	
1a Name of plan		1b Three-digit
East Manhattan Medical Services, PC Defi	ned Benefit Pension Plan	plan number (PN) • 001
		1c Effective date of plan 01/01/2010
2a Plan sponsor's name and address; include room or suite number East Manhattan Medical Services, PC	er (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) 26-4809837
3 East 83rd Street, 2nd Flr.		2c Sponsor's telephone number 212-734-3444
New York NY 10028		2d Business code (see instructions) 621111
3a Plan administrator's name and address XSame as Plan Spons	or Name XSame as Plan Sponsor Address	3b Administrator's EIN
		3c Administrator's telephone number
1 VI 5W (II - I - I - I - I - I - I - I - I - I	the last setum/senert filed for this plan enter th	Ab EIN
4 If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the last return/report filed for this plan, enter the	200 2000
a Sponsor's name		4c PN
5a Total number of participants at the beginning of the plan year		
b Total number of participants at the end of the plan year		5b 6
C Number of participants with account balances as of the end of complete this item)		
6a Were all of the plan's assets during the plan year invested in e	ligible assets? (See instructions.)	X Yes No
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligible)	t of an independent qualified public accountant	(IQPA)
If you answered "No" to either line 6a or line 6b, the plan of	annot use Form 5500-SF and must instead	
Caution: A penalty for the late or incomplete filing of this return		
Under penalties of perjury and other penalties set forth in the instruc-	ctions, I declare that I have examined this return	n/report, including, if applicable, a Schedule
SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete.	as well as the electronic version of this return/re	port, and to the best of my knowledge and
SIGN XLLL ()1/	9//S//SPETER DISTL	ER
HERE Signature of plan administrator	Date Enter name of inc	dividual signing as plan administrator
SIGN		
HERE Signature of employer/plan sponsor		lividual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; in	nclude room or suite number (optional)	Preparer's telephone number (optional)
MEL PIASEK		845-354-8373
ELITE PENSION CONSULTANTS		
58 MARINER WAY		
MONSEY NY 10952		

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	Year	
а	Total plan assets	7a	63	3552	0			111	8957
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	63	3552	0			111	8957
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	al	
	Contributions received or receivable from:	0 (4)	4	1800	0				
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0	_			
	(3) Others (including rollovers)	8a(3)		6625	2				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48	34252
	Benefits paid (including direct rollovers and insurance premiums	- 00		-			T A SATA	1 - 3	
	to provide benefits)	8d		81	.5				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				815
	Net income (loss) (subtract line 8h from line 8c)	8i						48	33437
j	Transfers to (from) the plan (see instructions)	8j			0				
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension								
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in ti	he instructio	ns:	
10	During the plan year:				Yes	No	1	mount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	X			10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benef	ts under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	7		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X Yes	No
11a	Enter the amount from Schedule SB line 39					11a		0	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mor	nth	, and e	enter th Day		e letter rulir Year	ng —
	you completed line 12a, complete lines 3, 9, and 10 of Schedul					401			
b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012 Page 3 -				
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 a negative amount).	12d			
е	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?	_ \	res X N	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		-5	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		Yes	s X No
С	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.)	0			
1	3c(1) Name of plan(s):	c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺	rust's EIN		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	File as a	an attachme	ent to Form	500 or 5	500-SF.		2 - 12		
For calendar plan year 2012 or fiscal plan year	ar beginning	01/01/	2012		and end	ing	12/31/2	2012	
 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be asset 	seed for late filing o	f this report	unless reason	nable cau	ise is establish	ed.			
Tay Commercial Supplemental	ssed for fate filling o	i ilia report	unicoo reaco	idbio odi	B Three-di				
A Name of plan East Manhattan Medical Se	rvices, PC I	Defined	Benefit		CHARLES I FILE PROPERTY.	nber (PN)	•	001	
Pension Plan	2000-000000000000000000000000000000000				MINISTER .		775	TO SEE AND TO THE	
C Plan sponsor's name as shown on line 2a	of Form 5500 or 55	00-SF			D Employer	Identification	on Number (EIN)	
East Manhattan Medical Se	rvices, PC				26-48098	37			
E Type of plan: X Single Multiple-A	Multiple-B	F	Prior year pla	size: X	100 or fewer	101-50	0 More t	han 500	
Part I Basic Information									
1 Enter the valuation date: M	onth12	Day31	Year	2012	-				
2 Assets:								700057	
a Market value						2a		700957	
b Actuarial value						2b		700957	
3 Funding target/participant count breakd				(1) N	umber of partic		(2)	Funding Target	
a For retired participants and beneficiar	ries receiving paym	ent				0		1000	
b For terminated vested participants			3b			1		1089	
C For active participants:								050005	
(1) Non-vested benefits						3 3 1		269805	
(2) Vested benefits								356761	
(3) Total active						4		626566	
d Total			3d			5		627655	
4 If the plan is in at-risk status, check the	box and complete	lines (a) and	i (b)				BL H		
a Funding target disregarding prescribe	ed at-risk assumption	ns				4a			
b Funding target reflecting at-risk assur at-risk status for fewer than five co	mptions, but disreg	arding trans	ition rule for p	lans that	have been in	4h			
5 Effective interest rate						5		6.85%	
6 Target normal cost						6		313281	
Statement by Enrolled Actuary To the best of my knowledge, the information supplied accordance with applicable law and regulations. In my combination, offer my best estimate of anticipated expe	in this schedule and acco	mnanuina echec	fulae stataments	and attachm	ents if any is com	plete and accur an and reasona	ate. Each prescrible expectations	ribed assumption was applied in) and such other assumptions, in	
SIGN HERE	Steinme	5				4/11	/2013	3	
THE RESIDENCE OF THE PROPERTY OF THE PARTY O	ture of actuary	5				/	Date 11048	0.3	
ED STEINMETZ, E.A.						Mante		approximation and the secretary and the	
Type or print name of actuary ELITE PENSION CONSULTANTS						Most recent enrollment number 845-354-8373			
F	irm name				54	Telephone	number (inc	uding area code)	
58 MARINER WAY									
MONSEY NY 1095	ess of the firm	_		+	-				
If the actuary has not fully reflected any regular instructions	ation or ruling prom	ulgated und	er the statute	in compl	eting this sche	dule, check	the box and	see	

-				-	
Р	a	α	e	4	-

Pa	rt II	Reginning of Year	Carryove	r Prefunding Balance	es							
	rt II Beginning of Year Carryover Prefunding Balances					(a) Ca	(b) Prefunding balance					
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							0				0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											0
9	-							0				0
10		on line 9 using prior year										
11	Prior year	r's excess contributions	to be added	to prefunding balance:								
	a Presen	nt value of excess contrib	outions (line 3	38a from prior year)							1	.05036
				terest rate of5.25%	Carlotte Control of the Control of t							5514
	C Total av	vailable at beginning of cu	rrent plan yea	ar to add to prefunding balance	æ						1	10550
	d Portion	n of (c) to be added to pr	efunding bal	ance							1	10550
12	Other red	ductions in balances due	to elections	or deemed elections				0				(
	100000000000000000000000000000000000000			line 10 + line 11d - line 12)				0			1	10550
	art III	Funding Percent				-						
		and the second second			250000000000000000000000000000000000000	Was for the last				14	94	.06%
		funding target attainmen								15	62	.56%
	Prior yea	ar's funding percentage f	or purposes	of determining whether carr	yover/prefund	ding balan	ces may be used	to reduce		16	76	.48%
17				less than 70 percent of the						17		%
	art IV	Contributions ar										
_				ear by employer(s) and emp	lovees:							
10	(a) Date			(c) Amount paid by	(a) Da	ite	(b) Amount pa	aid by	(c) Amount paid by		
(1	M-DD-YY			employees	(MM-DD-)	YYYY)	employer(s)		emp	oloyees	
0	3/10/20	013	418000	0						_		
										_		
										_		
		lin .										
	3816				Totals ▶	18(b)		418000	18(c)			
19				ructions for small plan with				e year:				
				mum required contributions				19a				
	b Contributions made to avoid restrictions adjusted to valuation date								(
	C Contri	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date									4	41800
20		ly contributions and liquid								181	_	
	a Did th			he prior year?							. Yes	X No
					10 55 5						Yes	□ No
	b If 20a	a is "Yes," were required	quarterly inst	tallments for the current year	r made in a t	timely man	ner/				103	
				ete the following table as ap	plicable:				= 1			
					plicable:		n year				4th	

Pa	rt V	Assumptions Used to Determine Funding Target and Target Normal Cost												
21	Discount rate:													
	a Seg	gment rates:	3rd segment: 7.52%		N/A, full yield curve used									
	b App	licable month (21b				0						
22	Weigh	ted average re	tirement age			22				60				
V/=U=/		ity table(s) (se			escribed - separate	Substitute	e							
Pa	rt VI	Miscellane	ous Items											
24	Has a	change been r	made in the non-prescribed ac	tuarial assumptions for the current	A STATE OF THE STA				Yes	X No				
25	.00100000000		W150	POT 1 TO TOTAL AND A 18 A 1		7	CHOCOTOSC JA - CHISA			=				
	100000			an year? If "Yes," see instruction:					Yes					
26				Participants? If "Yes," see instru		attachment.		Δ	res	No				
21		Control of the second second second		ter applicable code and see instru	SCHOOL CONTRACTOR SCHOOL SCHOO	27								
Pa	rt VII	Reconcili	ation of Unpaid Minimi	um Required Contribution	s For Prior Years									
28	Unpai	d minimum req	uired contributions for all prior	years		28				0				
29		The state of the s		d unpaid minimum required contril		29				0				
30	Rema	ining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29)		30				0				
Pa	rt VIII	Minimum	Required Contribution	For Current Year										
31			and excess assets (see instruc											
	a Targ	et normal cost	(line 6)			31a	313281							
	b Excess assets, if applicable, but not greater than line 31a								0					
32	32 Amortization installments: Outstanding Balance									Installment				
	a Net shortfall amortization installment						1105							
	b Wai	iver amortizatio		0	0									
33	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							0						
34						34				324332				
-	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) Carryover balance Prefunding balances						ince Total balance							
25								Total balance						
35			use to offset funding							0				
36			irement (line 34 minus line 35)		36	32433								
	Contri	butions allocate	37	418000										
38		A CONTRACTOR OF THE CONTRACTOR	ess contributions for current ye											
- 00						38a				93668				
_	a Total (excess, if any, of line 37 over line 36)								0					
39			39	0										
	 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) Unpaid minimum required contributions for all years 						0							
550	rt IX		the second secon	Pension Relief Act of 201	THE CONTROL OF THE PARTY OF THE	40								
			ide to use PRA 2010 funding n		1000									
						П	2 plus 7 year	ars [15	years				
_	a Schedule elected b Eligible plan year(s) for which the election in line 41a was made													
					to the second se			2010	<u>'</u>	2011				
_	10000					42								
43	3 Excess installment acceleration amount to be carried over to future plan years													

East Manhattan Medical Services, PC Defined Benefit Pension Plan

Tax ID No. 26 - 4809837

Plan Year 01/01/2012 - 12/31/2012

Schedule SB, Line 22 - Description of Weighted Avg. Ret. Age

Rate of retirement at age 60: 100%

East Manhattan Medical Services, PC Defined Benefit Pension Plan

Tax ID No. 26 – 4809837

Plan Year 01/01/2012 - 12/31/2012

Schedule SB, Line 32 - Schedule of Amortization Bases

The type of base is shortfall, not waiver.

The present value of any remaining installments is (incl. the installment for the current p/y) is \$57,684.

The base was established as of December 31, 2011.

5 years remain in the amortization period.

The amortization installment is \$11,051.