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

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 11/01/201	1	and ending	10/31/20	012	
Α .	This return/report is for: a single-employer plan	a multiple	-employer plan (not multiemployer))	a one-participa	nt plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	ı
	special extension (enter descriptio	n)		_		
Pa	irt II Basic Plan Information—enter all requested information	ation				
_	Name of plan			1b	Three-digit	
	DREN'S SPEECH AND REHAB PENSION PLAN				plan number	
					(PN) •	. 001
				1C	Effective date of p	
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identific	
LIND	A M. HIRSCH, MS, SPEECH LANGUAGE PATHOLOGY, PC			l l	(EIN) 11-346	
			2c :	Sponsor's teleph	one number	
	EL LANE				516-827-	
JERI	CHO, NY 11753			2d 1	Business code (s	
32	Plan administrator's name and address (if same as plan sponsor, er	otor "Como	"\	2h	621340 Administrator's El	
LIND	A M. HIRSCH, MS, SPEECH LANGUAGE 7 NOEL LANE		;)	30 /	11-346	
PATH	IOLOGY, PC JERICHO, NY	/ 11753		3c /	Administrator's te	
4	If the same and/or FINI of the relations to the desired the second state of the second		renew filed for this when contourths	415	516-827-	1970
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	asi retum/i	eport filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			. 5a		:
b	Total number of participants at the end of the plan year			. 5b		
С	Number of participants with account balances as of the end of the p		·	5c		
60	complete this item)					X Yes No
b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a		,			N Tes 140
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
Pa	rt III Financial Information	1		1		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	
а	Total plan assets	. 7a	1808856			2317821
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1808856			2317821
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	tal
а	Contributions received or receivable from: (1) Employers	8a(1)	351420			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)		168965			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				520385
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d	11420			
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				11420
į	Net income (loss) (subtract line 8h from line 8c)					508965
j	Transfers to (from) the plan (see instructions)	8j	0			

Form	EEA	0 0 0	201	4
Form	ລລບ	いっシト	701	1

Page 2 -	1		
----------	---	--	--

		•	
Part IV	I Plan	Charac	cteristics

- 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:

		ı	., 1					
а	During the plan year:		Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				:	20000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	J						
	2520.101-3.)	10h						
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art \	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					X	Yes	□ N
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.							
	· · ·					i ea		
,	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					_ Tea		
	bu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year		[12b		. Tea		
b			⊢	12b 12c		. Tea		
b c d	Enter the minimum required contribution for this plan year	of a				_ 1ea		
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o	of a		12c 12d	Yes		No [N/A
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12c 12d				N/A
b c d e	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	of a		12c 12d	Yes			N/A
b c d e art \	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12c 12d	Yes	1		N/A
b c d e art \ 3a b	Enter the minimum required contribution for this plan year	of a		12c 12d [Yes	□ No	No [
b c d e art \ 3a b	Enter the minimum required contribution for this plan year	of a	3a	12c 12d [Yes	□ No		
b c d e eart \ 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12c 12d [Yes ×	No	No Yes	× N
b c d e eart \ 3a b	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	3a the co	12c 12d [Yes ×	No	No [× N
b c d e e art \	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	3a the co	12c 12d [Yes ×	No	No Yes	× N

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/21/2013	LINDA HIRSCH			
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)

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2011

This Form is Open to Public Inspection

							le as an attachmo	ent to Form	5500 or			40/01	0040			
			olan year 201			ear beginning	11/01/2011			a	nd ending	g 10/31/	2012			
			amounts to													
				1,000 w	ill be ass	essed for late	filing of this report	unless reas	onable ca	ause is es	stablished	d.		-		
A I	Name	of pla	an SPEECH ANI	ם ספווי	AR DENC	ION DLAN					hree-digit				001	
UH	ודטאו	EIN O	OPEEUH ANI	J KEHA	AD PENS	ION PLAN				pl	an numb	er (PN)	<u> </u>			
_)lo:	20	or'o no:	ah a: - :	on line C	of Form 5500	or 5500 CC			D -	n love = 1 :	lootifi+'-	n NI	aha= /5	TINIX	
						of Form 5500 GE PATHOLO						lentificatio	n Nurr	nber (E	IIN)	
	D7 (101		0011, 1110, 01	LLOIT	271110071	0217111020	01,10			11-34	63904					
			V 0:1-		de la A	□ Madeala B	-	Determinant		1 400	<u></u> Г	7 404 500	п.	A 11-	500	
_	ype c	f plan	: X Single	IVIU	ultiple-A	Multiple-B	F	Prior year pla	an size:	100 or	rewer	101-500	IV	viore tr	nan 500	
Pa	art I	В	asic Infori	matio	n											
1	Ente	er the	valuation dat	te:	N	/lonth	Day <u>01</u>	Year _	2011	_						
2	Ass	ets:														
	а	Mark	ket value									2a				1833528
	b	Actu	arial value									2b				1833528
3	Fun	ding t	target/particip	ant cou	ınt breako	down:			(1) N	lumber of	f participa	ants		(2) F	unding Targ	jet
	а	For	retired partici	pants a	nd benefi	ciaries receivir	ng payment	3a				0				0
	b	For	terminated ve	ested pa	articipants	3		3b				0				0
	С	For	active particip	oants:				L								
		(1)	Non-vested	benefits	S			3c(1)	.			_				0
		(2)						2 (2)								2274102
		(3)						2 (2)				2				2274102
	d	` '										2				2274102
4							olete lines (a) and									
•	_											4a				
	a		0 0	Ū	٠.		sumptions					4a				
	b						t disregarding tran Irs and disregardin					4b				
5	Effe							-				5				3.96 %
6	Tar	aet no	ormal cost									6				8163
Sta			Enrolled Act													
	To the I	best of i	my knowledge, the	e informat			d accompanying schedu									
						opinion, each other erience under the p	r assumption is reasonal lan.	ble (taking into a	ccount the e	experience o	of the plan a	nd reasonable	e expect	tations) a	and such other a	ssumptions, in
(SIGN	J														
	ERI												04	1/16/20)13	
		_			Ciano	ture of actuary										
STF	VFN	I. ALII	N		Signal	ture of actuary								oate 1-0239	20	
-	VEIV	1. / (LII														
DEN	ISION	I DES	IGN SERVIC			nt name of act	uary					Most rec			ent number	
PEN	SION	I DES	IGN SERVIC	ES, INC											1-9800	
330	SOU	TH SE	ERVICE ROA	רועצ ח		irm name					Tel	ephone nu	ımber	(includ	ding area co	de)
			11747	, 5011												
					Addr	ess of the firm				_						
If the	actu	arv ha	as not fully ref	lected a	anv regul	ation or ruling	oromulgated unde	r the statute	in comple	etina this	schedula	check th	e hov	and e	ee	П
	ıction		as not runy rei	.oo.ou c	arry reguli	and or runing p	oromaigatou unde	o statute	compie	cang ans	Jonesdale	, or look ti	.5 50%	and 3		\sqcup

Page 2 - 1

Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryove	r and p	refunding ba	lances								
	•							(a)	Carryover balance		(b) I	Prefundir	ng balar	nce	
		Ū	nning of prior year			`				0				6784	
8			or use to offset pr	•		,								0	
9	Amount	t remainii	ng (line 7 minus lir	ne 8)						0				6784	
10	Interest	on line 9	using prior year's	actual ret	urn of	2.09%								142	
11	Prior ye	ar's exce	ess contributions t	o be added	I to prefund	ding balance:									
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from _l	orior year)								1263	
			a) using prior year ovided (see instru								49				
	C Tota	ıl availabl	e at beginning of co	urrent plan y	ear to add	to prefunding bala	ance							1312	
	d Port	tion of (c)	to be added to pr	efunding b	alance									1312	
12 Other reductions in balances due to elections or deemed elections								0				0			
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											8238				
Pa	art III	Fun	ding percenta	ages											
14	Funding	g target a	ttainment percent	age								14	8	0.26 %	
15	Adjuste	d funding	g target attainmen	t percentag	je							15	8	0.26 %	
16	-		• •			-		-	nces may be used t			16	8	0.00 %	
17	If the cu	ırrent val	ue of the assets o	f the plan is	s less than	70 percent of the	e funding targ	et, enter	such percentage			17		%	
Pa	art IV	Con	tributions and	d liquidi	ty shorti	falls									
18	Contribu	utions ma	ade to the plan for	the plan y	ear by emp	oloyer(s) and em	ployees:								
(M	(a) Date M-DD-Y		(b) Amount pa employer			ount paid by ployees		(a) Date (b) Amount paid (MM-DD-YYYY) employer(s)			(c) Amount paid by employees			ру	
11/	/20/2011			11420											
03	/14/2012	<u>)</u>		300000											
01.	/03/2013	3		40000											
							Totals ►	18(b)		351420	18(c)			0	
19			•			•			he beginning of the						
	_		allocated toward	•					F	19a				0	
			made to avoid res						F	19b				0	
			allocated toward mi			oution for current y	ear adjusted to	o valuatio	n date	19c				345323	
20		-	outions and liquidit	-											
		•	•									느	Yes	No	
								imely mai	nner?				Yes	X No	
	C If 20a	a is "Yes,	" see instructions	and comple				-f 41-1- 1							
		(1) 19	st			y shortfall as of e 2nd	end of quarter	of this pla (3)	an year 3rd	1		(4) 4th			
		(.) 10			(-)			(0)				,			

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get r	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 2.03%		2nd segment: 5.20%		3rd segment: 6.30 %		N/A, full yield curve used
	b At	pplicable month	(enter code)					21b	1
22								22	62
23		ality table(s) (see			escribed - combined	_	scribed - separate	Substitu	
Pa		Miscellane	_		<u> </u>		·		
-				ed act	uarial assumptions for the c	ırrent	nlan year? If "Ves " see	instructions	regarding required
		· ·	•		uariar assumptions for the co				
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years		
28	Unpa	id minimum requ	uired contributions for all	l prior	years			28	0
29					I unpaid minimum required o		· · ·	29	0
30	Rema	aining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus line	9 29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	8163
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amort	ization installment					448812	95940
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	104103
					Carryover balance		Prefunding bala	nce	Total balance
35	Balan	nces elected for i	use to offset funding		·		-	_	
						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	104103
37					ontribution for current year a			37	345323
38	Prese	ent value of exce	ess contributions for curr	ent ye	ar (see instructions)			1	
	a To	tal (excess, if an	ny, of line 37 over line 36	6)				38a	241220
	b Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	ndard o	carryover balances	38b	0
39	Unpa	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 36	over	line 37)	39	0
40	Unpa	id minimum requ	uired contributions for al	l years	i			40	0
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20	010 (see instructions)		
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ırsuant to an alternative amo	ortizati	on schedule:		
	a Sch	nedule elected							2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	
43	Exces	ss 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 NameCHILDREN'SSPEECH AND REHABPENSION PLANPLANEIN:11-3463904Plan Sponsor's NameLINDA M. HIRSCH, MS, SPEECH LANGUAGE PATHOLOGY, PN:001

Doto of	1	Vaar	Effective.	Interest Adirected
Date of	A a	Year	Effective	Interest Adjusted Contribution:
Contributon	Amount	Applied 2011	Interest Rate	Contribution:
11/20/2011	11,420		3.96	11,397
03/14/2012	300,000	2011	3.96	295,711
01/03/2013	40,000	2011	3.96	38,215
l				

Attachment to 2011 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameCHILDREN'SSPEECH AND REHABPENSION PLANEIN:11Plan Sponsor's NameLINDA M. HIRSCH, MS, SPEECH LANGUAGE PATHOLOGY, PN: **EIN:** 11-3463904

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
турс от вазс	mstamments	Valuation Date	Remaining	mstamment
			+	
Shortfall	232,350	11/01/2008	4	59,850
Shortfall	47,627	11/01/2009	5	9,912
Shortfall	(25,868)	11/01/2010	6	(4,635)
Shortfall	194,703	11/01/2011	7	30,813
			I	
			\perp	
			 	
			 	
			+ +	
			+	
			+ +	
			+	
			+	
			+	
			+	
			+	
			+	
			+	
			+ +	
			+ +	
			+	

Children's Speech and Rehab Pension Plan

Plan Sponsor: Children's Speech and Rehab EIN: 11-3463904 PN: 001

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Effective Date:

November 1, 2001

Valuation Date:

November 1, 2011

Monthly Pension

- (A) 10% of monthly compensation multiplied by years of
 - benefit service
- (B) Non-Shareholder participant who is a Highly Compensated Employee 2% of monthly compensation multiplied by years of benefit service.

-Total benefit service not to exceed 10 years.

Eligibility Requirements

- (A) Minimum months of service: 24
- (B) Minimum age: 21(C) Maximum age: None
- (D) Participant enters plan on eligibility date nearest

completion of eligibility requirements

(E) Entry Date: November 1

Normal Retirement Age

(A) Plan anniversary nearest age 62 or 5 years of participation,

if later

Funding Provisions

- (A) Individual Spread Gain
- (B) Normal cost is a level dollar amount
- (C) Omega IV OL (AI) '95 Plan
- (D) Auxiliary Fund Deposits
- (E) Envelope Funding

Amount of Insurance

Amount purchased by 66.667% of the theoretical level cost

assuming investment fund only.

Maximum face amount: \$1000000

Salary Averaging

- (A) Average high 3 consecutive salaries
- (B) Average high 5 consecutive salaries

Use historical salaries for accrual

Children's Speech and Rehab Pension Plan

Plan Sponsor: Children's Speech and Rehab EIN: 11-3463904 PN: 001

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Maximum Salary

Maximum Current Salary: \$245000

Maximum Projected Salary: \$ 245000

Maximum Years

Maximum creditable years of service for base percent is 10 years

Type of Annuity

Life Annuity

Accrued Benefit

Fractional rule based on participation.

Fully accrued after 10 years.

Effective Date: November 1, 2001

Vesting Schedule

YR. %
--- 0
1 0
2 100

Vesting based upon total service

Top-Heavy Vesting Schedule

Applies in Top-Heavy Years

Top-Heavy Status

This plan has been determined to be Top-Heavy for the current plan year.

Children's Speech and Rehab Pension Plan

Plan Sponsor: Children's Speech and Rehab EIN: 11-3463904 PN: 001

Attachment to Schedule SB, Part V, Summary of Actuarial Assumptions

Stability Period

1 month preceding valuation date

Actuarial Assumptions

Pre & Post Retirement

(A) Segment I Interest Rate

2.03%

Segment II Interest Rate

5.20%

Segment III Interest Rate

6.30%

(B) Mortality:

2011 Combined Mortality Table for small plans

(Male/Female)

Actuarial Equivalence And Present Value of Accrued Benefit

Plan Rates

Pre Retirement

(A) Interest: 5.5%

(B) Mortality: None

Post Retirement

(A) Interest: 5.5%

(B) Mortality: GAR 94

Minimum 417(e) Government Rates

Pre and Post Retirement

(A) Segment I Interest Rate 2.30% Segment II Interest Rate 4.27%

Segment III Interest Rate 5.03%

(B) Mortality: 2011 Applicable Mortality Table (Unisex)

Assumed Lump Sum Frequency 100%

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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

v.012611

→ File a	is an attachme	ent to Form	5500 or 5	500-SF.	ļ			
For calendar plan year 2011 or fiscal plan year beginning	11/0	1/2011		and endi	ng	10/31/2012		
Round off amounts to nearest dollar.								
Caution: A penalty of \$1,000 will be assessed for late filing	g of this report	unless reasc	onable cau	se is establish	∍d.			
A Name of plan				B Three-dic	it			
				plan num	ber (PN)	▶ .	001	
CHILDREN'S SPEECH AND REHAB PENSION	PLAN		-		omenous and a second se			
C Plan sponsor's name as shown on line 2a of Form 5500 or	5500-SF			D Employer	dentification	n Number /	EINI)	
						ii iddiilbei (LIIN)	
LINDA M. HIRSCH, MS, SPEECH LANGUAGE				11-3463	904			
E Type of plan: X Single Multiple-A Multiple-B	F	Prior year pla	ın size: X	100 or fewer	101-500	More t	han 500	
Part I Basic Information								
1 Enter the valuation date: Month 11	Day 1	Year	2011					
2 Assets:							The second secon	
a Market value					. 2a		1,833,528	
b Actuarial value				*******************************	. 2b		1,833,528	
3 Funding target/participant count breakdown:			(1) Nur	nber of particip	ants	(2) (-unding Target	
a For retired participants and beneficiaries receiving participants.	ayment	3a			0		0	
b For terminated vested participants		3b			0		0	
c For active participants:	!						ON THE STATE OF TH	
(1) Non-vested benefits	******************	3c(1)			-		0	
(2) Vested benefits	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3c(2)		*			2,274,102	
(3) Total active		3c(3)			2		2,274,102	
d Total		3d			2		2,274,102	
4 If the plan is in at-risk status, check the box and complete	lines (a) and (t))]				
a Funding target disregarding prescribed at-risk assum				J	. 4a	·		
b Funding target reflecting at-risk assumptions, but disr								
at-risk status for fewer than five consecutive years ar	nd disregarding	loading fact	tor	nave been in	4b			
5 Effective Interest rate			,		5		3.96 %	
6 Target normal cost					6		8,163	
Statement by Enrolled Actuary				***************************************	<u> </u>	**************************************		
To the best of my knowledge, the information supplied in this schedule and accordance with applicable law and regulations. In my opinion, each other assu combination offer my best estimate of activities the resulting and the property of the the charge.	ompanying schedule mption is reasonable	s, statements a (taking into acc	nd attachment	s, if any, is complet erience of the plan a	e and accurate	. Each prescrib	ed assumption was applied in	
The plant of anticipated sporteness prider the plant.								
SIGN					,	,		
HERE				0	4/16/	2013		
Signature of actuary				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7. 7	Date		
STEVEN I. ALIN						11-0239	90	
Type or print name of actuary			7		Most rece	ent enrollme		
PENSION DESIGN SERVICES, INC.					(63		-9800	
330 SOUTH SERVICE ROAD, SUITE 121					Telephone number (including area code)			
MELVILLE	NY 1174	4 77						
Address of the firm	*** FT/	x /	***************************************					
f the actuary has not fully reflected any regulation or ruling prom nstructions	ulgated under t	he statute in	n completin	g this schedule	, check the	e box and s	ее	
or Paperwork Reduction Act Notice and OMB Control Number	oers, see the i	nstructions	for Form	5500 or 5500-	SF.	Schedul	e SB (Form 5500) 2011	

Pa	art II	Begi	nning of year	r carryov	er and prefunding k	palances							
				The second second	The same are all the sa		(a)	Carryover balanc	е	(b)	Prefund	ling balance	
7 Balance at beginning of prior year after applicable adjustments (line 13 frequency)					3 from prior								
									0		 	6,784	
8	prior ve	elected ar)	for use to offset p	orior year's f	unding requirement (line	35 from						(
prior year) 9 Amount remaining (line 7 minus line 8)								0			6,784		
10	10 Interest on line 9 using prior year's actual return of 2.09%											142	
11					to prefunding balance:							-1	
					e 38 from prior year)		N. V. C. BERTONNOON				-	1,263	
	b Inter	est on (a) using prior yea	ar's effective	rate of 3.88% exc	ept as						1,20	
	othe	rwise pr	ovided (see instr	uctions)		· · · · · · · · · · · · · · · · · · ·	ť		_			4.9	
					year to add to prefunding b		1					1,312	
					alance						1,312		
				***************************************	or deemed elections				0		C		
1		at begin	nning of current y	rear (line 9 +	line 10 + line 11d – line 1	12)			0			8,238	
P	art III	Fun	ding percent	tages									
14	Funding	target a	attainment percer	ntage		***************					14	80.26 %	
15	Adjusted	d funding	g target attainme	nt percentag	e				*************		15	80.26 %	
15 Adjusted funding target attainment percentage								,	16				
17	If the cu	rent val	ue of the assets	of the plan is	s less than 70 percent of t	tha fundina ta	root optor				17	80.00 %	
	art IV	1				ere rununiy ta	rget, enter :	such percentage.		·····	1/	%	
L			tributions ar		ear by employer(s) and er						www		
	(a) Date		(b) Amount		(c) Amount paid by		Date	(b) Amount	ald by	T 7	- \		
(M	M-DD-YY		employe		employees	(MM-DE		(b) Amount p employer		46		nt paid by oyees	
	/20/2			11,420					The state of the s	- parameter management	Halland Towns	PHOTO STATE AND STATE OF STATE	
····	/14/2		-	300,000									
01	/03/2	013		40,000									
	~										***************************************		
····		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- A										
illooile ta me						Totals •	18(b)	3	51,420	18(c)		0	
19	Discount	ed empi	loyer contribution	s – see insti	ructions for small plan with	h a valuation	date after th	ne beginning of th	e year:				
					mum required contribution				19a			0	
	b Contri	butions	made to avoid re	strictions ad	justed to valuation date		************		19b			0	
	C Contril	outions a	illocated toward m	inimum requ	ired contribution for current	t year adjusted	to valuation	date	19c			345,323	
20	Quarterly	contrib	utions and liquidi	ty shortfalls:									
	a Did the	e plan h	ave a "funding sh	ortfall" for th	e prior year?			************************	*************	***********	X	Yes No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?													
					te the following table as a				-				
		(4)			Liquidity shortfall as of	end of quarte	r of this plai	n year					
(1) 1st (2) 2nd					(2) 2nd		(3)	3rd			(4) 4th		
·		······································											

P	art V Assumptions used to d	etermine fur	nding target and targe	t normal cost				
21	Discount rate:				***************************************			
	a Segment rates: 1st segr 2.03	ment: %	2nd segment: 5 . 2 0 %	3rd segment 6.30 %	ı	N/A, full yiel	ld curve used	
	b Applicable month (enter code)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	21b		1	
22	Weighted average retirement age				22		62	
	Mortality table(s) (see instructions)			rescribed - separate	Substitu	te		
Pa	irt VI Miscellaneous items	memorium divisioni di divisioni di divisioni di divisioni di di divisioni di divisi	Canada a company and a company	*	<u>L.,.J</u>		n ne e 1 mar 1 mar	
24	Has a change been made in the non-p attachment	rescribed actua	ial assumptions for the currer	nt plan year? If "Yes," see	instructions	regarding require	ed Yes 🏿 No	
25	Has a method change been made for t					<u>i</u>	Yes X No	
	Is the plan required to provide a Sched		The state of the s			i i i i i i i i i i i i i i i i i i i	Yes X No	
27		ılternative fundi	ng rules, enter applicable cod	e and see instructions	27		1 100 123 140	
Pa	art VII Reconciliation of unpa				<u> </u>		-	
28					28			
29		cated toward ur	paid minimum required contr	butions from prior years	29			
30	Remaining amount of unpaid minimum	required contrib	vitione (lina 28 minus lina 20)		30			
	rt VIII Minimum required con		***************************************	**************************************				
	Target normal cost and excess assets							
	a Target normal cost (line 6)				31a		0 3 6 0	
			//////////////////////////////////////				8,163	
32	b Excess assets, if applicable, but not Amortization installments:	greater man 3 i	d	7	31b	AVA-t-1	W. 1991	
W. 2	a Net shortfall amortization installment			Outstanding Bala		Installment		
	b Waiver amortization installment				148,812		95,940	
22		T-10-10-10-10-10-10-10-10-10-10-10-10-10-			4		0	
	If a waiver has been approved for this p	Year) and the waived amount.	***************************************	33			
34	Total funding requirement before reflec	ting carryover/p	refunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		104,103	
			Carryover balance	Prefunding balar	nce	Total ba	lance	
35	Balances elected for use to offset funding requirement			o	d		. 0	
36	Additional cash requirement (line 34 mi	nus line 35)			36		104,103	
37	Contributions allocated toward minimur (line 19c)	n required contr	ibution for current year adjust	ed to valuation date	37	345,323		
38	Present value of excess contributions for	***************************************		<u> </u>		***************************************		
	a Total (excess, if any, of line 37 over l				38a	· · · · · · · · · · · · · · · · · · ·	241,220	
	b Portion included in line 38a attributat	38b	0					
39	Unpaid minimum required contribution f	39		0				
40	Unpaid minimum required contributions	40	···	0				
	t IX Pension funding relief						<u> </u>	
41	If a shortfall amortization base is being a			`				
	**************************************	·				2 plus 7 years	15 years	
42			42	3 2009 2010	0 [] 2011			
	40							
	Excess meaninest acceptation amount	to be carried 0V	er to roture high years		43	N. distriction of the second s		