#### 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.		
Part I		<b>Identification Information</b>					
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan	<b>H</b>	olan (not multiemployer)		a one-participant plan	
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter descri	iption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name					1b	Three-digit	
STEPHEN M	1. POLLAN, PC DEFIN	IED BENEFIT PENSION PLAN				plan number	
						(PN) • 001	
					1c	Effective date of plan	
<b>30</b> Diame			. (		O.L.	01/01/1991	
	ponsor's name and ad M. POLLAN, PC	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	26	Employer Identification Number (EIN) 13-3530458	
					2c	Sponsor's telephone number	
405 PARK A						212-984-7700	
9TH FLOOR NEW YORK					2d	Business code (see instructions) 541110	
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	ın Sponsor Address	3b	Administrator's EIN	_
					3c	Administrator's telephone number	_
		e plan sponsor has changed since t	he last return/report filed f	for this plan, enter the	4b	EIN	
	·	mber from the last return/report.			4-		
•	or's name				+	PN I	_
		at the beginning of the plan year			5a		2
<b>b</b> Total r	number of participants	at the end of the plan year			5b		2
		account balances as of the end of t	, ,	•	5c		
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instru	ctions.)		X Yes No	0
•	•	f the annual examination and report			,		
		? (See instructions on waiver eligibi				<del>-</del>	)
If you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	<u> 5500.</u>	_
		or incomplete filing of this return					
		her penalties set forth in the instructed actuary, as					
	true, correct, and com		s well as the electronic ve	ision or this return/report	i, anu	to the best of my knowledge and	
·							_
SIGN	Filed with authorized/	valid electronic signature.	07/11/2013	STEPHEN POLLAN			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan administrator	
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	gning as employer or plan sponsor	_
Preparer's		name, if applicable) and address; inc			_	parer's telephone number (optional)	_
•	, ,	, ,		,		,	
							_

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Do	rt III   Financial Information										
_ <u>Pa</u>	•		(a) De alamia a c Ven				(b) F. d	- ( )/ -			
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End				
<u>a</u>	Total plan assets	7a	147043					14	33261		
<u>b</u>	Total plan liabilities	7b		0				4.4	00004		
	Net plan assets (subtract line 7b from line 7a)	7c	147043	37					33261		
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:  (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	11782	24								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c						11	17824		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	15500	00				<u>.</u>				
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
<del></del>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	55000	)	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							37176		
Ť	Transfers to (from) the plan (see instructions)	8j		0					01 110		
Pai	rt IV Plan Characteristics			0							
9a	If the plan provides pension benefits, enter the applicable pension  1A 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions:	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in tl	ne instruction	ons:			
D	(V   0										
Par					<b>V</b>	NI -		_			
10	During the plan year:	41 a.a.a itla 1:		1	Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
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?n		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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
	Enter the amount from Schedule SB line 39					11a					
11a				or 00			FRISA?	П	Yes	X	No
	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 417 of the Cons	. (): \-			_ : :: :: ::	1 1			
11a	Is this a defined contribution plan subject to the minimum funding  (If "Yes " complete line 12a or lines 12h, 12c, 12d, and 12e below	-		e OI Se	011011	JOE 01					
12	(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 being	as applica	able.) ed in this plan year, see instru	ctions,		nter th				ing	
12 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.	as applica	able.) ed in this plan year, see instru Mon	ctions,				ne let Year		ing	
12 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 being	as applicang amortize	able.) ed in this plan year, see instructionMon m 5500), and skip to line 13.	ctions, th	and e	nter th				ing	

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			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)	<b>13c(3)</b> 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-SF.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

			1									
For	calendar	plan year 2012 or fi	scal plan year b	eginning	01/01/2012			and end	ding $12/3$	1/2012		
•	Round o	ff amounts to near	est dollar.									
•	Caution:	A penalty of \$1,000	will be assesse	ed for late filing	of this report u	unless reaso	nable cau	se is establis	hed.			
	lame of p							B Three-d	iait			
STE	PHEN M	I. POLLAN, PC DEF	INED BENEFIT	PENSION PLA	AN				mber (PN)	•	001	
								,				
		sor's name as show	n on line 2a of F	Form 5500 or 5	500-SF			<b>D</b> Employe	r Identificat	ion Number (	EIN)	
STE	PHEN M	I. POLLAN, PC						13-3530458				
ΕT	ype of pla	an: X Single 1	Multiple-A	/Jultiple-B	F	Prior year pla	n size: X	100 or fewer	101-50	00 More t	han 500	
Ps	rt I	Basic Informati										
1		ne valuation date:		h <u>01</u>	Day 01	Year <u>2</u>	2012					
2	Assets:		Wort		Day							
_		et value							2a			1341185
									2b			
		arial value										1341185
3		g target/participant c					<b>(1)</b> Nu	mber of partic	•	(2)	Funding Targ	
		etired participants an		0.,,		-			0			0
	<b>b</b> For te	erminated vested pa	rticipants			. 3b			0			0
	<b>C</b> For a	ctive participants:										
	(1)	Non-vested benef	fits			3c(1)						0
	(2)	Vested benefits				3c(2)						1226545
	(3)	Total active				3c(3)			2			1226545
	<b>d</b> Total					. 3d			2			1226545
4	If the pl	an is in at-risk status	, check the box	and complete	lines (a) and (	b)						
	<b>a</b> Fund	ing target disregardi	ng prescribed a	t-risk assumptio	ons			<b>_</b>	4a			
	_	ing target reflecting										
		risk status for fewer							4b			
5	Effectiv	e interest rate							5			5.65 %
6	Target	normal cost							6			2127
Stat	ement by	y Enrolled Actuary										
		of my knowledge, the inforn with applicable law and reg										
		offer my best estimate of a			inplion is reasonab	ie (taking into a	count the exp	benefice of the pic	in and reasona	bie expectations)	and such other as	ssumptions, in
S	IGN											
	ERE									07/03/2	013	
•			Signature	of actuary						Date	.010	
DON	MENIC D	D'ALISE	Signature	or actuary							207	
DON	ILINIC F.		<b>T</b>						N4 1	11-022		
DEN.	01011.00		Type or print na	ame or actuary					IVIOST re	ecent enrollm		
PEN	SION CC	ORPORATION OF A									3-5044	
РΛ	BOX 41	1	Firm r	name				-	Telephone i	number (inclu	iding area co	de)
		NJ 07747										
			Address	of the firm								
	actuary l ctions	has not fully reflected	d any regulation	or ruling prom	ulgated under	the statute	ın completi	ing this sched	tule, check	the box and	see	

Page	2	_

Pa	art II	Begir	ning of Year	Carryov	er Prefunding Balanc	es							
							(a) (	Carryover balance		(b)	Prefundi	ng balar	ice
7		-	•		cable adjustments (line 13 f				0				0
8					unding requirement (line 35				0				0
9									0				0
10					turn of%								
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
a Present value of excess contributions (line 38a from prior year)													2679
b Interest on (a) using prior year's effective interest rate of											157		
	<b>C</b> Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce							2836
	<b>d</b> Porti	on of (c)	to be added to pre	efunding ba	alance								0
12	Other r	eductions	s in balances due	to election	s or deemed elections				0				0
13	Balance	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)	)			0				0
Ρ	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age							14	10	9.34 %
15	Adjuste	d funding	g target attainmen	t percenta	ge						15	10	9.34 %
16					of determining whether car						16	11	5.03 %
17	If the co	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	get, enter s	such percentage			17		%
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	( <b>a)</b> Dat 1M-DD-Y		( <b>b)</b> Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> Da (MM-DD-		( <b>b)</b> Amount pa employer(		(	(c) Amount paid by employees		
							4000			4543	1		
						Totals ▶	18(b)		0	18(c)			0
19			•		tructions for small plan with			•	<u> </u>				
	_				imum required contributions				19a				0
					djusted to valuation date				19b				0
20					uired contribution for current y	ear adjusted	to valuatior	n date	19c				0
20		,	outions and liquidit	•							Г	1 vaa 1	No.
		•	-		the prior year?						 _	Yes	X No
					y installments for the current	-	-	manner?				Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a Liquidity shortfall as of er			n vear					
		(1) 19	st		(2) 2nd	in Graduation	(3)	3rd			(4) 4th	1	

	ampuons osea to beterniii	ne Funding Target and Targe	et Normal Cost						
21 Discount rat									
<b>a</b> Segment	rates: 1st segment: 1.98%	2nd segment: 5.07%	3rd segment: 6.19 %		□N/A,	full yield	curve	e used	
<b>b</b> Applicable	e month (enter code)			21b				0	
22 Weighted av	rerage retirement age			22	2				
			scribed - separate	Substitu	ite				
Part VI Mise	cellaneous Items			<del></del>					
24 Has a chang	ge been made in the non-prescribed	actuarial assumptions for the current	•				d Yes	X No	
25 Has a metho	od change been made for the curren	nt plan year? If "Yes," see instructions	regarding required attac	chment		Т	Yes	X No	
26 Is the plan r	equired to provide a Schedule of Act	tive Participants? If "Yes," see instruc	ctions regarding required	attachmen	t	Т	Yes	X No	
27 If the plan is	subject to alternative funding rules,	enter applicable code and see instruc		27					
Part VII Re	conciliation of Unpaid Mini	mum Required Contribution	s For Prior Years						
	•	rior years		28				0	
		vard unpaid minimum required contrib		29					
(line 19a)								0	
30 Remaining a	mount of unpaid minimum required	contributions (line 28 minus line 29)		. 30				0	
Part VIII Min	nimum Required Contributi	on For Current Year							
31 Target norn	nal cost and excess assets (see instr	ructions):		1					
<b>a</b> Target nor	mal cost (line 6)			31a				2127	
<b>b</b> Excess as	sets, if applicable, but not greater th	nan line 31a		. 31b				2127	
<b>32</b> Amortization	installments:		Outstanding Bala	ance		Installm	nent		
a Net shortf	all amortization installment			0				0	
<b>b</b> Waiver ar	nortization installment			0				0	
33 If a waiver h (Month		, enter the date of the ruling letter grar ) and the waived amount		33					
<b>34</b> Total funding	g requirement before reflecting carry	over/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34				0	
		Carryover balance	Prefunding balar	nce	-	Total bal	ance		
	ected for use to offset funding		)	0				0	
<b>36</b> Additional ca	ash requirement (line 34 minus line 3	35)		36				0	
		d contribution for current year adjuste		37				0	
38 Present valu	ue of excess contributions for current	t year (see instructions)		•					
a Total (exc	ess, if any, of line 37 over line 36)			38a				0	
		of prefunding and funding standard c		38b				0	
39 Unpaid mini	mum required contribution for currer	nt year (excess, if any, of line 36 over	line 37)	39				0	
40 Unpaid mini	mum required contributions for all ye	ears		40				0	
Part IX Pe	nsion Funding Relief Unde	er Pension Relief Act of 2010	(See Instructions)	)					
	was made to use PRA 2010 funding	g relief for this plan:							
41 If an election		- •			2 plus 7 ye	oore	15 \	years	
	elected					tais i	10		
<b>a</b> Schedule									
<b>a</b> Schedule <b>b</b> Eligible pla	an year(s) for which the election in li	ne 41a was made						2011	

#### Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Stephen M. Pollan, PC Defined Benefit Pension Plan	EIN:	13-3530458
Plan Sponsor's Name   Stephen M. Pollan, PC	PN:	001
The weighted average retirement age is equal to the normal retirement age of		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement.	•	nted average
1 Participant's NRA = 84.		
1 Participant's NRA = 65.		
Simple Avg. NRA = 75.		

#### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guarenty 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

2012

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2012 v. 120126

	File as an attachm	ent to Forr	n 5500 or 5	500-SF.	1		•
For calendar plan year 2012 or fiscal pl		01/2012		and endin	G	12/	31/2012
Round off amounts to nearest do	llar.						22,0012
Caution: A penalty of \$1,000 will be	assessed for late filing of this report	uniess reas	sonable cau	use is established	<b>1</b> .		
A Name of plan				B Three-digit			
			İ	plan numb		•	001
			t			क्षेत्रक की शहर है। इसके की शहर है	
Stephen M. Pollan, PC D		Plan					
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 5500-SF					tion Number (	
Stephen M. Pollan, PC			ļ	13-35304			·
€ Type of plan: X Single	A Multiple 6	Prior year pl	lan size: X	100 or fewer	101-5	00   More t	han 500
Part I Basic Information		· · · · · · · · · · · · · · · · · · ·	<del></del>	<u></u>			
1 Enter the valuation date:	Month 1 Day 1	Year	2012				
2 Assets:	ladriai Day	rear	2076				s and the property of the same
	** *** **** ***************************						
					2a		1,341,185
				***********************	2b		1,341,185
midni 2 ten Gan batta abbiter annothe or		<del></del>	(1) Nu	mber of particips		(2)	Funding Target
	ficieries receiving payment		<del> </del>		٥		0
	ts	. 3b	<del> </del>	<del></del>	0		0
C For active participants:					`. '		
							0
		<del></del>	7				1,226,545
	72°246°1   100   1				2		1,226,545
			L		2		1,226,545
4 If the plan is in al-risk status, check	the box and complete lines (a) and (	b)(d	[	]			• •
a Funding target disregarding pres	cribed at-risk assumptions				4a		
b Funding target reflecting at-risk a at-risk status for fewer than fiv	essumptions, but disregarding transition consecutive years and disregarding	on rule (or p	olens that h	ave been in	4b		
					5		5.65
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6		2,127
Statement by Enrolled Actuary							
To the best of my knowledge, the Information aug accoldance with applicable lew and regulations. It combination, offer my best extinate of anucleased	pšed in this schedule and accompanying schedule n my opkdon, each Other assumption is reasonabl experience under the plan.	ės, slatementa le (tai)ing leto z	notonatic exp ond state one	is, if any, is complete: prisoner of the plan and	and accur i reasonal	ata. Each prescrib sia expactations) e	ed assumption was applied in and such other sesumptions, in
SIGN ()	A) alise					07/03/20	013
Sig	gnature of actuary					Date	
Domenic P. D'Alise						11-0229	<b>3</b> 7
Туре ог	print name of actuary	·		<del></del>	Mast re	cent enrollme	<del></del>
Pension Corporation of Am						32) 583-	
P.O. Box 411	Firm name			Tele			ding area code)
Matawan	NJ 077	47					
A	ddress of the firm						
f the actuary has not fully reflected any re-	gulation or ruling promulgated under	the statute	in completin	ng this schedule,	check I	he box and se	ee []

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

			yover Prefunding Balance							
7	Balance at be	ginning of prior year after	applicable adjustments (line 13 fro	.	) Carryover balance		(b) Pro	efund	ding balan	ce
	year)	- year and	applicable adjustments (line 13 fro	m prior						
8	Portion elected	d for use to offset prior ves	ar's funding requirement (line 35 fr			- 0				
9	Amount remai	ning (line 7 minus line 8)				0				1
10	Interest on line	9 using prior year's actua	l return of%			0				-
11	Prior year's ex	cess contributions to be a	dded to prefunding balance:	# # P # # # # # # # # # # # # # # # # #	20 V 20 00 00 00 00 00 00 00 00 00 00 00 00					
	a Present valu	e of excess contributions	(line 38a from prior year)				1111			ń.
	D Interest on (	a) using prior year's effect	ive interest rate of5.86 % ex	EA 1-4					2	, 67
	C Total availabl	e at beginning of current pla	n year to add to prefunding halance							15
	<b>u</b> Portion of (c	) to be added to prefunding	g balance	1.18.4		\ \			2	,83
	Other reduction	is in balances due to elect	ions or deemed elections							(
13	Balance at beg	inning of current year (line	9 + line 10 + line 11d – line 12)			0				
Pa	rt III   Fur	nding Percentages	into 12/			0	·····			
14	unding target	attainment percentage								
15 /	Adjusted fundin	g target attainment percer	ntano				1	4	109.3	4 %
16	Prior year's fund	ding percentage for purpo	con of determining to the				1	5	109.3	4 %
4-	current year's fu	unding requirement	en is loss than 70 areas 4.5 the	ver/prefunding bala	nces may be used to	reduce	1	6		
	f the current va	lue of the assets of the nice	in is less than 70 paraont of the						116.0	3 %
1/	and current va	and december the pla	in to leas than 70 belocation the Ini	inding target, enter :	SUCh nercentage		1 4.	<del>,</del> 1		
Par	t IV Cor	tributions and Liqu	an is less than 70 percent of the fu		such percentage	•••••	1	7		%
Par 18 (	t IV Cor	tributions and Liqu	idity Shortfalls		such percentage		1	7		<u>%</u>
Par 18 (	t IV Cor Contributions m	ntributions and Liqu ade to the plan for the plan (b) Amount paid by	idity Shortfalls  n year by employer(s) and employer	rees:						<u>%</u>
Par 18 (	t IV Cor	atributions and Liqu	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by		(b) Amount paid employer(s)		(c) A	nour	nt paid by	%
Par 18 (	t IV Cor Contributions m	ntributions and Liqu ade to the plan for the plan (b) Amount paid by	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by	vees:	(b) Amount paid		(c) A	nour	nt paid by yees	%
Par 18 (	t IV Cor Contributions m	ntributions and Liqu ade to the plan for the plan (b) Amount paid by	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by	vees:	(b) Amount paid		(c) A	nour	nt paid by yees	%
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Par 18 (	t IV Cor Contributions m	ntributions and Liqu ade to the plan for the plan (b) Amount paid by	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by	vees:	(b) Amount paid		(c) A	nour	nt paid by yees	%
Par 18 (	t IV Cor Contributions m	ntributions and Liqu ade to the plan for the plan (b) Amount paid by	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by	vees:	(b) Amount paid		(c) A	nour	nt paid by yees	%
Par 18 (	t IV Cor Contributions m	ntributions and Liqu ade to the plan for the plan (b) Amount paid by	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by	vees:	(b) Amount paid		(c) A	nour	nt paid by yees	%
Par 18 ( (MM	contributions m (a) Date -DD-YYYY)	atributions and Lique ade to the plan for the plan (b) Amount paid by employer(s)	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) employees  (d) To	rees:  (a) Date (MM-DD-YYYY)	(b) Amount paid employer(s)	by	(c) Ar	nour	nt paid by yees	%
Par 18 ( (MM	contributions m (a) Date -DD-YYYY)	ade to the plan for the plan (b) Amount paid by employer(s)	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) Employees  (d) To	rees:  (a) Date (MM-DD-YYYY)  Itals > 18(b)	(b) Amount paid employer(s)	by	(c) A	nour	nt paid by lyees	%
Par 18 ( (MM	contributions m (a) Date -DD-YYYY)  scounted empl	ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions – see in allocated toward unpaid m	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) Employees  (d) To the structions for small plan with a valinimum required contributions from	rees:  (a) Date (MM-DD-YYYY)  stals > 18(b)	(b) Amount paid employer(s)	by 0 1	(c) Ar	nour	nt paid by yees	0
19 D a b	contributions m (a) Date -DD-YYYY)  scounted empl Contributions a Contributions r	ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions – see in allocated toward unpaid made to avoid restrictions	idity Shortfalls  n year by employer(s) and employer (c) Amount paid by employees (d)  To estructions for small plan with a valinimum required contributions from adjusted to valuation date	rees:  (a) Date (MM-DD-YYYY)   otals   18(b)  luation date after the prior years	(b) Amount paid employer(s)  e beginning of the ye	by 0 1 ar:	(c) Ar	nour	nt paid by yees	
18 (MM) 19 Di a b c	contributions m (a) Date -DD-YYYY)  scounted empl Contributions r Contributions a	ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions — see in allocated toward unpaid made to avoid restrictions ellocated toward minimum results.	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) Employees  (d) To the structions for small plan with a valinimum required contributions from adjusted to valuation date	rees:  (a) Date (MM-DD-YYYY)   otals   18(b)  luation date after the prior years	(b) Amount paid employer(s)  e beginning of the ye	by 0 1 ar: Da Db	(c) Ar	nour	nt paid by lyees	0
19 Di a b C 20 Qu	contributions m (a) Date -DD-YYYY)  scounted empl Contributions a Contributions a parterly contributions	ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions — see in allocated toward unpaid made to avoid restrictions. Illocated toward minimum reutions and liquidity shortfail	idity Shortfalls  n year by employer(s) and employer (c) Amount paid by employees  to employees  To estructions for small plan with a valinimum required contributions from adjusted to valuation date	rees:  (a) Date (MM-DD-YYYY)  Intals   18(b)  Iluation date after the prior years	e beginning of the ye  19 date	by  O 1  ar:  Oa  Ob  Oc	(c) Ar e	nour	nt paid by yees	0
19 Di a b C 20 Qu	contributions m (a) Date -DD-YYYY)  scounted empl Contributions a Contributions a parterly contributions	ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions — see in allocated toward unpaid made to avoid restrictions. Illocated toward minimum reutions and liquidity shortfail	idity Shortfalls  n year by employer(s) and employer (c) Amount paid by employees  to employees  To estructions for small plan with a valinimum required contributions from adjusted to valuation date	rees:  (a) Date (MM-DD-YYYY)  Intals   18(b)  Iluation date after the prior years	e beginning of the ye  19 date	by  O 1  ar:  Oa  Ob  Oc	(c) Ar e	mour	yees	0 0 0
19 Di a b c 20 Qu a	contributions m (a) Date -DD-YYYY)  scounted empl Contributions r Contributions r Contributions a parterly contribution of the plan has	ade to the plan for the plan ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions — see in allocated toward unpaid made to avoid restrictions allocated toward minimum resultions and liquidity shortfall ave a "funding shortfall" for	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) Employees  (d) To  estructions for small plan with a valinimum required contributions from adjusted to valuation date	rees:  (a) Date (MM-DD-YYYY)  Intals > 18(b) Illustion date after the prior years	e beginning of the ye	by 0 1 ar: Da Db Dc	(c) Ar	mour	nt paid by yees	0 0 0
19 Di a b c 20 Qu a b	contributions m (a) Date -DD-YYYY)  scounted empl Contributions a contribution	ade to the plan for the plan ade to the plan for the plan ade to the plan for the plan (b) Amount paid by employer(s)  over contributions — see in allocated toward unpaid made to avoid restrictions allocated toward minimum resultions and liquidity shortfall ave a "funding shortfall" for es," were required quarter	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) Employees  (d) To employees  (e) To employees  (f) To employees  (g)	rees:  (a) Date (MM-DD-YYYY)  Intals	e beginning of the ye	by 0 1 ar: Da Db Dc	(c) Ar	mour	yees Yes X In	0 0 0
19 D a b c 20 Q a b	contributions m (a) Date -DD-YYYY)  scounted empl Contributions r Contributions r Contributions a parterly contributions a larterly contribution of the plan ha If line 20a is "Y If line 20a is "Y	ade to the plan for the plan ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions — see in allocated toward unpaid made to avoid restrictions allocated toward minimum resultions and liquidity shortfall ave a "funding shortfall" for es," were required quarter es," see instructions and contributions are contributed as a contribution and contributions are contributed as a contribution and contributions are contributed as a contribu	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) Employees  (d) To structions for small plan with a valinimum required contributions from adjusted to valuation date	rees:  (a) Date (MM-DD-YYYY)  Intals	e beginning of the ye  adate	by 0 1 ar: Da Db Dc	(c) Ar	mour	yees Yes X II	0 0 0 0
19 D a b c 20 Q a b	contributions m (a) Date -DD-YYYY)  scounted empl Contributions a contribution	ade to the plan for the plan ade to the plan for the plan (b) Amount paid by employer(s)  oyer contributions — see in allocated toward unpaid made to avoid restrictions allocated toward minimum resultions and liquidity shortfall ave a "funding shortfall" for es," were required quarter es," see instructions and contributions are contributed as a contribution and contributions are contributed as a contribution and contributions are contributed as a contribu	idity Shortfalls  n year by employer(s) and employer  (c) Amount paid by employees  (d) Employees  (d) To employees  (e) To employees  (f) To employees  (g)	rees:  (a) Date (MM-DD-YYYY)  Intals	e beginning of the ye  adate	by 0 1 ar: Da Db Dc	(c) Ar	mour	yees Yes XIII	0 0 0 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost  21 Discount rate:  a Segment rates:  1 st segment: 1 . 98 !%  b Applicable month (enter code).  22 Weighted average retirement age.  23 Mortality table(s) (see instructions)  Part VI Miscellaneous Items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions attachment.  25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  28 Unpaid minimum required contributions for all prior years.  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29  30 Remaining amount of unpaid minimum required contributions from prior years 29  30 Remaining amount of unpaid minimum required contributions from prior years 29	regarding required !Yes X !No
b Applicable month (enter code)	e regarding required! !Yes 🛛 !No
b Applicable month (enter code)	regarding required
22 Mortality table(s) (see instructions)  Part VI Miscellaneous Items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions attachment.  25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding  28 Unpaid minimum required contributions for all prior years  28 Unpaid minimum required contributions allocated toward unpaid minimum required contributions from prior years  28 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years	regarding required
Part VI Miscellaneous Items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions attachment.  25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  28 Unpaid minimum required contributions for all prior years  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years	regarding required !Yes 🗵 !No
Part VI Miscellaneous Items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions attachment.  25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  28 Unpaid minimum required contributions for all prior years  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years  29 (line 19a)	regarding required !Yes 🗵 !No
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions attachment.  25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  28 Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 [Insection of Insection of Insec	!Yes 🗓 !No
Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	!Yes 🗓 !No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  28 Unpaid minimum required contributions for all prior years  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years  29 (line 19a)	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  27 Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years  28 Unpaid minimum required contributions for all prior years	!Yes X !No
attachment	IVos VIII-
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years  Unpaid minimum required contributions for all prior years	:162 kz iM0
28 Unpaid minimum required contributions for all prior years	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	
(line 19a)	
23	
JU Remaining amount of unpoid minimum as a sixty of the second se	
Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	0
Part VIII Minimum Required Contribution For Current Year  31 Target normal cost and excess costs (excised at 1)	
a Target normal cost (line 6)	2,127
b Excess assets, if applicable, but not greater than line 31a	
Outstanding Balance	2,127
a Net shortfall amortization installment	0
b Waiver amortization installment	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval  (Month	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34	
Carryover balance Prefunding balance	0
35 Balances elected for use to offset funding	Total balance
requirement	•
36 Additional cash requirement (line 34 minus line 35)	0
Contributions allocated toward minimum required contribution for current year adjusted to valuation date  (line 19c)	0
38 Present value of excess contributions for current year (see instructions)	0
a Total (excess, if any, of line 37 over line 36)	
D Fortion included in line 38a attributable to use of prefunding and funding standard carriever belonges	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	0
40 Unpaid minimum required contributions for all years 40	0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	0
41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	duo 7
D Eligible plan year(s) for which the election in line 41a was made	olus 7 years 115 years
42 Amount of acceleration adjustment	<u> </u>  2009    2010    2011
43 Excess installment acceleration amount to be carried over to future along	
43	

### Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Stephen M. Plan Sponsor's Name S	Pollan, PC Defined Benefit Pension Plan Stephen M. Pollan, PC	EIN:	13-3530458
	ement age is equal to the normal retirement age of75	PN:	001
List the rate of retirement at retirement age, including a call Participant's NRA = 1 Participant's NRA = 5.	= 65.	e weigl age.	hted average