# 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

			Complete all entries in a	ccordance with the instru	ictions to the Form 550	10-5F.	
	art I		<b>Identification Information</b>	1			
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	1/2012	and ending	12/31/2	2012
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-participant plan
В	This retu	urn/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)	·
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC program
			special extension (enter desc	cription)			
Pa	art II	Basic Plan Info	rmation—enter all requested in	nformation			
	Name of					1b	Three-digit
FELI:	X I. OVI	ASU, MD, PC DEFINE	ED BENEFIT PLAN				plan number
						10	(PN) 001
						10	Effective date of plan 01/01/2007
2a	Plan sp	oonsor's name and ad	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identification Number
FELI	IX I. OVÎ	ASU, MD, PC					(EIN) 11-3218727
						2c	Sponsor's telephone number
400 GAR	GARDEI	N CITY PLAZA, STE 3 TY HEART CENTER	303			0-1	516-742-5700
		TY, NY 11530				<b>2</b> a	Business code (see instructions) 621111
3a	Plan ad	dministrator's name ar	nd address X Same as Plan Spon	nsor Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
			<u> </u>	<b>–</b>	·		
						3с	Administrator's telephone number
4	If the n	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4h	EIN
•			mber from the last return/report.	and last rotally roport mod	or and plan, orner are	75	LIIV
а	Sponso	or's name				4c	PN
5a			at the beginning of the plan year.			5a	5
b			at the end of the plan year			5b	5
С			account balances as of the end of		•	5c	
6a		<i>'</i>	s during the plan year invested in				X Yes No
b			f the annual examination and repo				
			? (See instructions on waiver eligil				
	If you	answered "No" to ei	ither line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.
			or incomplete filing of this retur				
			her penalties set forth in the instru				
		rue, correct, and comp	nd signed by an enrolled actuary, plete.	as well as the electronic ve	rsion of this return/repor	ı, and ı	to the best of my knowledge and
				00/10/10010	T		
SIG		Filed with authorized/	valid electronic signature.	06/18/2013	FELIX I. OVIASU, MD	)	
	I\_	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	gning as plan administrator
SIG							
		Signature of emplo	<i>z</i>	Date		_	ning as employer or plan sponsor
Pre	parer's i	name (including firm n	name, if applicable) and address; i	nclude room or suite numb	er (optional)	Prep	parer's telephone number (optional)

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Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar		
	Total plan assets	7a	20720				(2) 2		31372	)	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	20720	)9				2	31372	)	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	01012		_
	Contributions received or receivable from:		(a) Amount				(5)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2421	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24213		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	5	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							50	)	
i	Net income (loss) (subtract line 8h from line 8c)	8i							24163	3	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, ,	l								
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Don											
Part	•				V	l Na	1				
10	During the plan year:	tiono with:	n the time period described in	ı	Yes	No		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					10000	00
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 cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	· · · · · · · · · · · · · · · · · · ·	10g		X					_
h —-	2520.101-3.)	`		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			10i							
Part	Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							×	Yes	<u> </u>	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?.		Yes	X	Vo
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year										
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year					12b					

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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

For c	alendar p	olan year 2012	2 or fiscal plan ye	ear beginning 0	1/01/2012			and end	$\frac{12}{3}$	1/2012			
			nearest dollar.		f distance of				1				
<b>A</b> Na	ame of pla	an	1,000 will be asse	essed for late filing o	t this report u	uniess reas	onable ca	B Three-d		•		001	
		or's name as s	shown on line 2a	of Form 5500 or 550	00-SF			<b>D</b> Employe 11-3218727	r Identificat	ion Num	ber (E	IN)	
<b>E</b> Ty	pe of plan	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size:	100 or fewer	101-5	00 N	ore that	an 500	
Par	tI B	asic Infor	mation				<u> </u>	=					
1		valuation dat		lonth 01 [	Day01	Year_	2012	_					
2	Assets:												
	<b>a</b> Market	value							2a				207209
	<b>b</b> Actuar	ial value							2b				207209
3	Funding	target/particip	ant count breakd	lown:		<b>.</b>	<b>(1)</b> N	lumber of partic	ipants		<b>(2)</b> F	unding Targ	et
	<b>a</b> For ret	ired participar	nts and beneficia	ries receiving payme	ent	. 3a							
	<b>b</b> For ter	minated veste	ed participants			. 3b							
	<b>C</b> For act	tive participan	ts:										
	(1)	Non-vested	benefits										89764
	(2)	Vested bene	efits										134645
	(3)	Total active							5				224409
	<b>d</b> Total					. 3d			5				224409
4	If the pla	n is in at-risk s	status, check the	box and complete li	nes (a) and (	b)							
	<b>a</b> Fundin	g target disre	garding prescribe	ed at-risk assumption	าร				4a				
				mptions, but disrega					4b				
5	Effective	interest rate							5				7.21 %
6	Target no	ormal cost							6				200
To ac	the best of cordance wi	th applicable law a	e information supplied	in this schedule and accom opinion, each other assum prience under the plan.									
	GN ERE									06	/18/20	13	
· <u> </u>			Signat	ure of actuary						D	ate	_	
ARTH	IUR E. TE	EILER, A.S.A.								1	1-0115	7	
			Type or prin	nt name of actuary					Most re	ecent en	rollmeı	nt number	
PENS	SION TAX	STRATEGIE	S, INC.							21	2-681	-7976	
1430 NEW	BROADV YORK, N	WAY, SUITE 1 NY 10018		rm name				-	Telephone	number	(includ	ing area co	de)
			Addre	ess of the firm				_					
If the s	actuary ha	as not fully ref	lected any regula	ation or ruling promu	laated under	the statute	in comple	etina this sched	lule check	the hov	and se	26	П
instruc		ac not fully fel	iootoa ariy rogula	and it is in the profite	igatou unuen	o olalule	compi	July 1113 301160	iaio, dilock	DOX	and 30	,,,	Ш

Page <b>2</b> -
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Pa	rt II	Beair	ning of Year	Carrvov	er Prefunding Baland	ces						
			<u> </u>	_ · _ <b>,</b> ·			(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		Ū	0 , ,		icable adjustments (line 13 f							
8				•	funding requirement (line 35							
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)								
10	Interest	t on line 9	using prior year's	actual ret	turn of%							
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:							
	<b>a</b> Pres	ent value	of excess contribu	utions (line	38a from prior year)							
		•			interest rate of%							
	C Total available at beginning of current plan year to add to prefunding balance											
	<b>d</b> Portion of (c) to be added to prefunding balance											
12	12 Other reductions in balances due to elections or deemed elections											
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											
P	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	92.34 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	92.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Part IV Contributions and Liquidity Shortfalls												
18	18 Contributions made to the plan for the plan year by employer(s) and employees:											
(N	(a) Dat IM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> D (MM-DD		(b) Amount pa employer(		(0		nt paid by oyees
						Totals ►	18(b)			18(c)		
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation o	date after tl	he beginning of the	year:			
	<b>a</b> Cont	ributions	allocated toward u	unpaid min	nimum required contributions	from prior y	ears		19a			
	<b>b</b> Cont	ributions	made to avoid res	trictions a	djusted to valuation date				19b			
	<b>C</b> Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	n date	19c			
20	Quarte	rly contrib	outions and liquidit	y shortfalls	s:							_
	<b>a</b> Did t	he plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	year made	in a timely	manner?	<u>.</u>			Yes No
	<b>C</b> If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable	<u>:</u>					
		(4) 1			Liquidity shortfall as of e	nd of quarte		_ ·			(4) 4:1	
		(1) 1:	SI		(2) 2nd		(3)	3rd			(4) 4th	1
						1			1			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		unt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 2.03%	2nd segment: 5.20%	3rd segment 6.30 %		N/A, full	yield	curve	used
	<b>b</b> App	licable month (	enter code)			. 21b				3
22	Weigh	ted average ret	tirement age			. 22				65
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	tuarial 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 atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment			Yes	X No
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment									
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				
29				d unpaid minimum required contrib		. 29				
30	Remai	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				
32	Amorti	ization installme	ents:		Outstanding Bala	ance	Ins	stallm	ent	
	<b>a</b> Net	shortfall amortiz	zation installment							
	<b>b</b> Wai	ver amortization	n installment							
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				
				Carryover balance	Prefunding bala	ince	Tota	al bala	ance	
35			use to offset funding							
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				
37	Contril	butions allocate 9c)	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37				
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> Tota	l (excess, if any	y, of line 37 over line 36)			. 38a				
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	. 38b				
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				
40	Unpaid		•	S		. 40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	i)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
-	<b>a</b> Sche	edule elected					2 plus 7 years	s [	15 y	/ears
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		200	8 2009	2010	<u> </u>	2011
42	Amour	nt of acceleratio	n adjustment			42	<u> </u>			
				d over to future plan years		. 43				

#### Felix I. Oviasu Defined Benefit Plan

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

Plan Name: Felix I. Oviasu Defined Benefit Plan

#### **Normal Retirement Benefit**

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 5.54%
Second Segment: 6.85%
Third Segment: 7.52%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 2.03%
Second Segment: 5.2%
Third Segment: 6.3%

**Pre-Retirement Valuation Assumptions** 

**Retirement Valuation Assumptions** 

Mortality Table 2012 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

## **Optional Forms Assumption**

100% of participants will elect the Plan Normal Form

### **Pre-Retirement Actuarial Equivalence Assumptions**

Investment Earnings 5% Effective annual rate

# **Retirement Actuarial Equivalence Assumptions**

Investment Earnings 5% Effective annual rate
Mortality Table 1994 GAR PROJ 2002

### **Assumptions for IRC415 Maximum Benefit Actuarial Adjustments**

Investment Earnings 5% Effective annual rate

Mortality Table 2012 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5% Effective annual rate

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## 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)

OMB Nos. 1210-0110 1210-0089

2012

Employee Benefits Security Administration	of the Inte	ernal Revenue Code (th	ne Code).		This Form is Open to
Pension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance with the instru	actions to the Form 5500-S	SF.	Public Inspection
Part I Annual Repor	t Identification Information				
or calendar plan year 2012 or fis			and ending		
This return/report is for:	X a single-employer plan	a multiple-emp	loyer plan (not multiemploye	rl	a one-participant plan
	吕 "			1)	a one-participant plan
This return/report is:	the first return/report	the final return/	7000 ED 984000 DA 17400		
	an amended return/report	a short plan ye	ar return/report (less than 12	2 months)	-
Check box if filing under:	Form 5558	automatic exte	nsion		DFVC program
	special extension (enter descrip	otion)	4.4		
Part II Basic Plan Inf	formation—enter all requested info	ermation	-	Way 1	<b>\</b>
a Name of plan	ornation sites an requestion into	maton	./1	<b>b</b> Thre	e-digit
				plan	number
LIX I. OVIASU, MD, PC				(PN)	
FINED BENEFIT PLAN			, , ,	C Effec	tive date of plan
a Plan sponsor's name and a	address; include room or suite number	· (amplayer if for a since	rio ampionar pigo	h cm	1/1/2007 loyer Identification Number
a i ian aponadi a name and a	idaross, moidae room or suite number	(employer, il lui a Sing	gie-employer platt)	100 CO	) 11-3218727
LIX I. OVIAŠU, MD, PC					nsor's telephone number
			- AP 13	16-742-	
GARDEN CITY PLAZA, S	TE 303 GARDEN CITY HEART CE	ENTER 🛦 🖠			ness code (see instructions)
ARDEN CITY		11530	100	21111	,
a Plan administrator's name an	d address X Same as Plan Sponsor	Name X Same as	Plan Sponsor Address 3	3b Adm	inistrator's EIN
			•		
		<b>4</b> / *	3	C Adm	inistrator's telephone numbe
me		***			
If the name and/or EIN of t	he plan sponsor has changed since th	le last return/report file	d for this plan, enter	b EIN	
a Sponsor's name	n number from the last return/report.	<b>*</b>	l,	C PN	
	ts at the beginning of the plan year			5a	
<b>b</b> Total number of participant	s at the end of the plan year			b	
C Number of participants with	n account balances as of the end of th	e plan year (defined be	enefit plans do not		
complete this item)				5c	W
a Were all of the plan's asset	ts during the plan year invested in elig	ible assets? (See instr	uctions.)		X Yes N
	of the annual examination and report				
	6? (See instructions on waiver eligibili				
	either line 6a of line 6b, the plan ca				
	ate or incomplete filing of this retu				
	her penalties set forth in the instruction				
	an enrolled actuary, as w	vell as the electronic ve	ersion of this return/report, ar	nd to the	best of my knowledge and
elief, it is true, correct, and confi	nete.				
SIGN /////		6/18/2013	Felix I. Oviasu, MD		
IERE Signature of phon ac	Immistrator	Date	Enter name of individual	signing a	s plan administrator
SIGN	1 Julian	6/18/2013	La territoria de la compania del compania del compania de la compania del compania del compania de la compania de la compania del com	33	
IEDE / /	1/11/19	C10000-901	Felix I. Oviasu, MD	12 - 40	
Signature of employ	pran sponsor	Date			s employer or plan sponsor
reparer's name including from	name, if applicable) and address; inclu	ude room or suite numb	per (optional)	Preparer	's telephone number (optiona
<u> </u>					
			_		TRANSPORT AND
			3		250 35 14 (415)

			,				
Pa	rt III Financial Information						
7 ·	Plan Assets and Liabilities		(a) Beginning o	f Year		- "	(b) End of Year
а	Total plan assets	7a			7,209		231,372
	Total plan liabilities	7b	-		0		0
	Net plan assets (subtract line 7b from line 7a)	7c		20	7,209		231,372
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)			0	in a	
_	(2) Participants	. 8a(2)			0		
	(3) Others (including rollovers)	8a(3)				4	
b	Other income (loss)	. 8b		. 2	4,213	M	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Kaylor W. Sept 1973	ARC:	A SOLD	AN SHARE	24,213
d	Benefits paid (including direct rollovers and insurance premiums			8			
	to provide benefits)	. 8d		4	4	<b>9</b>	
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f			9		
g	Other expenses	. 8g	. **		50		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					. 50
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			Gently Gently		24,163
j	Transfers to (from) the plan (see instructions)	. 8j		7			S. A. Martin Sure A
Pa	rt IV Plan Characteristics		* 4 T				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan	Charact	eristic C	Codes i	in the instructions:
·	1A		A W				
b	If the plan provides welfare benefits, enter the applicable welfare for	eaturecode	es from the List of Plan C	haracte	ristic Co	odes in	the instructions:
P	art V Compliance Questions		<u></u>			-	
0.125	During the plan year:			-	Yes	No	Amount
10	During the plan year.	N 404		_			
	Was there a failure to transmit to the plan any participant contributions w	athin theatim	e neriod described		1		
	Was there a failure to transmit to the plan any participant contributions win 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х	
а	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary  Were there any nonexempt transactions with any party-in-interest;	Correction (Do not in	Program)				
a	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	Correction (Do not in	Program)	10a	,	X	
a b	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?	Correction (Do not in	Program)clude transactions		X		100,000
a b c	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?	Correction (Do not in	Program)	10b	X		100,000
b c d	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	(Do not in fidelity bon er persons e or all of the	clude transactions d, that was caused by by an insurance e benefits under	10b	X	х	100,000
a b c d	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  Were any fees or commissions paid to any blokers, agents, or oth carrier, insurance service or other organization triat provides some the plan? (See instructions.)	Correction  (Do not in  fidelity bon  er persons e or all of th	clude transactions d, that was caused by by an insurance e benefits under	10b 10c 10d	X	x	100,000
a b c d	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  Were any fees or commissions paid to any biokers, agents, or oth carrier, insurance service or other organization triat provides some the plan? (See instructions)  Has the plan failed to provide any benefit when due under the plan	(Po not in fidelity bon er persons e or all of the first control of the	clude transactions d, that was caused by by an insurance e benefits under	10b 10c 10d 10e 10f	X	x x	100,000
a b c d e e	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?  Were any fees or commissions paid to any blokers, agents, or oth carrier, insurance service or other organization triat provides some the plan? (See instructions.)	Ginection  Proposition  Gidelity bon  For all of the control of the control  For all of the control of the control  For all of the control of	clude transactions d, that was caused by by an insurance e benefits under	10b 10c 10d	х	X X X	100,000

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedul 5500) and line 11a below)	e SB	X Yes		No
11a	Enter the amount from Schedule SB line 39				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA	?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and engranting the waiver	ter the date Day	of the letter i	uling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skin to line 13				_

**b** Enter the minimum required contribution for this plan year ...

# Felix I. Oviasu Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Felix I. Oviasu Defined Benefit Plan

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# 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 2012

This Form is Open to Public Inspection

Pension benefit dualanty corporation	ile as an attachment to Form 55		
or calendar plan year 2012 or fiscal plan year beginnin	9	and ending	
Round off amounts to nearest dollar.	1-1- (III f 16:	mahla anuna la antahliahan	
Caution: A penalty of \$1,000 will be assessed for	iate tiling of this report unless reason		
A Name of plan ELIX I. OVIASU, MD, PC DEFINED BENEFIT PL	ΔNI	B Three-digit plan number (PN)	001
ELIX I. OVIASO, MID, FO DEFINED BENEFIT FE	AIN	plair fulliber (FIV)	1001
		<b>***</b>	
Plan sponsor's name as shown on line 2a of Form 5	5500 or 5500-SF	<b>D</b> Employer Identifica	tion Number (EIN)
		11 001070	
ELIX I. OVIASU, MD, PC		11-3218727	
Type of plan: X Single Multiple-A Multiple	ole-B F Prior year pl	an size: X 100 or fewer 101-5	00 More than 500
Part I Basic Information	<u> </u>		
1 Enter the valuation date: Month	01 Day 01 Year	2012	to the street of
2 Assets:			
a Market value		2a	207,20
<b>b</b> Actuarial value		2b	207,20
Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries received.	eiving payment		
<b>b</b> For terminated vested participants	3b		an redecus medina consultanto con e
c For active participants:			
(1) Non-vested benefits			89,76
(2) Vested benefits	3c(2)		134,64
(3) Total active	3c(3)	5	224,40
d Total	3d	5	224,40
If the plan is in at-risk status, check the box and co	omplete lines (a) and (b)		
a Funding target disregarding prescribed at-ris	k assumptions	4a	
b Funding target reflecting at-risk assumptions in at-risk status for fewer than five consecution		actor	
5 Effective interest rate		5	7.21
6 Target normal cost		6	20
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this shedul accordance with applicable law and regulations. In my opinion, each combination, offer my best estimate of anticipated exempts in derivative of the combination	and accompanying schedules, statements an other assumption is reasonable (taking into acc the plan.	d attachments, if any, is complete and accurate ount the experience of the plan and reasonable	Each prescribed assumption was applied in expectations) and such other assumptions, in
SIGN HERE drafty	teiler		6/18/2013
Signature of actual	ary	1101157	Date
ARTHUR E. TEILER, A.S.A.  Type or print name of	actuary		ent enrollment number
	actuary	212-681-7976	
Pension Tax Strategies, Inc. Firm name			mber (including area code)
430 Broadway, Suite 1509			
NEW YORK	NY 10018		
Address of the fi			
If the actuary has not fully reflected any regulation or n		in completing this schedule, check	the box and see
if the actuary has not fully reflected any regulation of hinstructions	uning promulgated under the statute	in completing this solicadie, check	

Part II Begir	ning of Year Carryo	ver Prefunding Balan	ces					
				(a	) Carryover balance		(b) Prefundin	g balance
<li>7 Balance at begin vear)</li>	ning of prior year after appli	cable adjustments (line 13 fro	om prior			o		0
	or use to offset prior year's f	unding requirement (line 35 f	rom		-	.		
		and green and green and green		-		0		0
Amount remaining (line 7 minus line 8)						0		
0 Interest on line 9 using prior year's actual return of %%					o, e cestor os co <del>ssistiva</del> nte	0		C Sinting of the State
11 Prior year's exce								
	,	ne 38a from prior year)				<b>A</b> -		C
	<ul> <li>a) using prior year's effective provided (see instructions)</li> </ul>	e interest rate or	% except		<b>\</b> *			c
		lan year to add to prefunding				<b>)</b>		
d Portion of (c)	to be added to prefunding	balance	<u></u>			<b>*</b>		(
12 Other reductions	in balances due to election	s or deemed elections				0		
13 Balance at begin	ning of current year (line 9	+ line 10 + line 11d – line 12)				0		C
Part III Fund	ing Percentages							
14 Funding target a	ttainment percentage			<i>g</i>			14	92.34%
15 Adjusted funding	target attainment percentage	ge					15	92.34%
16 Prior year's fund	ing percentage for numoses	of determining whether carr				al	1 1	
				ng darangge	es may be used to re	eauce	16	98 90%
current year's fur	nding requirement	-		- A				
current year's fur 17 If the current value	nding requirementue of the assets of the plan	is less than 70 percent of the		- A				
current year's fur 17 If the current val Part IV Cont	nding requirementue of the assets of the plan	is less than 70 percent of the	funding target	- A				98.90%
current year's fur 17 If the current val Part IV Cont 18 Contributions ma (a) Date	ributions and Liquid ade to the plan for the plan (b) Amount paid by	is less than 70 percent of the ity Shortfalls /ear by employer(s) and emg (e) Amount paid by	funding target byees (a) Dat	enter suc	th percentage		(c) Amoun	% t paid by
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		s used to Determine Fi	unding Target and Tar	get Normal Cost	<u> </u>	<u> </u>					
21	a Segment rates:	Discount rate: <b>a</b> Segment rates:					N/A, full yield curve used				
	<b>b</b> Applicable month (	enter code)			21b	3					
22		ement age	. 22			6					
23	Mortality table(s) (see	instructions) X Pres	scribed - combined	Prescribed - separate	Substi						
75	C2000					-					
	tVI   Miscellaneous Items  Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required										
	attachment						Yes X	No			
25	Has a method change	been made for the current plan	year? If "Yes," see instruction	ns regarding required attac	hment ?	# No.	Yes X	No			
26	is the plan required to	provide a Schedule of Active P	articipants? If "Yes," see instr	uctions regarding required	attachment	1	Yes X	No			
27	If the plan is subject to	alternative funding rules, enter	applicable code and see inst	ructions regarding 4	27	T		<del>'</del>			
80453	attachment				21	<u> </u>		_			
,t		on of Unpaid Minimum		WA.	A .						
28	<del></del>	red contributions for all prior ye		450 2000	28	<u> </u>					
29	Discounted employer of (line 19a)	contributions allocated toward u	inpaid minimum required cont	ributions from prior years	29						
30	\	unpaid minimum required contr	ibutions (line 28 minus line 29	)	30						
Par	t VIII Minimum Be	equired Contribution Fo	or Current Year			<u>'</u>		_			
-		excess assets (see instruction	. 4	A. Was							
	a Target normal cost	(line 6)	*		. 31a						
	<b>b</b> Excess assets, if a	pplicable, but not greater than I	ine 31a	<b>V</b>	. 31b						
32	Amortization installmen	nts:		Outstanding Ba	alance		Installment				
	a Net shortfall amorti	a Net shortfall amortization installment									
	<b>b</b> Waiver amortization	n installment									
33		pproved for this plan year, ente Day Year	33								
34	Total funding requirem	nent before reflecting carryover	prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34						
			Carryover balance	Prefunding ba	lance	To	otal balance				
35	Balances elected for u requirement	851									
36	Additional cash require	ement (line 34 minus line 35)			36						
37	(line 19c)	d toward minimum required cor	37								
38		ss contributions for current yea	1								
	a Total (excess, if an	38a									
	<b>b</b> Portion included in	38b									
	<u>.</u>	ired contribution for current year	39								
Solar	ner Sep. 20	ired confributions for all years.			40						
	00.1900	nding Relief Under Per		(See Instructions)							
41	If an election was mad	le to use PRA 2010 funding rel	ief for this plan:			<del></del>					
	a Schedule elected.					2 plus 7		5 yea			
	<b>b</b> Eligible plan year(s	s) for which the election in line	41a was made		2	008 2009	2010	20			

#### Felix I. Oviasu Defined Benefit Plan

# Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Felix I. Oviasu Defined Benefit Plan

Plan Effective Date January 1, 2007

Plan Anniversary Date January 1, 2012

Participation Eligibility Minimum age: 18 and

Minimum months of service: 12

Plan Entry Date 01/01 or 07/01 coincident with or following the satisfaction of the requirements

Normal Retirement Date First day of the month coincident with or following age 65 and the completion

of 5 years of participation

Not to exceed the later of age 65 and 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit 0.5% per year of service times comp

Benefit reduced before offset by 1/0 for each year of service less than 0

Maximum total years of service: 25
Maximum years of past service: 5
Minimum benefit: \$833.00 per month
IRC415 maximum annual benefit: \$200,000
Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$250,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount 100 times the normal retirement benefit

Minimum death benefit: \$2,000.00

Vested Retirement Benefit Vesting Schedule:

20% a year after 3 years(100% after 7 years)

Exclude service before effective date

Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on service

Maximum number of years of past credited benefit accrual service is 5