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

2012

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pá	art I	Annual Report I	dentification Information						
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/	2012		and ending	2/31/2	2012	
		urn/report is for:	X a single-employer plan ∴ the first section for a set.			an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	H	nal return/report				
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	X Form 5558	auton	natic extension			DFVC progra	ım
			special extension (enter descr	ription)					
Pa	art II	Basic Plan Infor	rmation—enter all requested info	ormation					
	Name						1b	Three-digit	
PRIM	E HEAL	LTH MEDICAL DEFINE	ED BENEFIT PLAN					plan number	004
							4.0	(PN) •	001
							10	Effective date o	•
22	Dlan er	noneor's name and add	dress; include room or suite numbe	ar (employe	er if for a single-	amployer plan)	2h	Employer Identi	
		LTH MEDICAL	less, include room or suite number	er (employe	er, ir ior a sirigie-e	inployer plan)	20		55109
							20	Sponsor's telep	hone number
29 H	∆МII ТС	ON PLACE					-0	516-652	
		TY, NY 11530					2d	Business code (see instructions)
								62111	1
3a	Plan ad	dministrator's name and	d address XSame as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
			_		_				
							3C	Administrator's	elephone number
4	If the n	name and/or EIN of the	plan sponsor has changed since t	the last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
			nber from the last return/report.		·	•			
а	Sponso	or's name					4c	PN	
5a	Total r	number of participants a	at the beginning of the plan year				5a		2
b	Total r	number of participants a	at the end of the plan year				5b		2
С			account balances as of the end of t		,	•	5c		
6a			during the plan year invested in el				1	1	X Yes No
b		· ·	the annual examination and report	•	,	*			
			(See instructions on waiver eligibi						X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan c	annot use	Form 5500-SF	and must instead use	Form	5500.	
Cau	ıtion: A	penalty for the late o	or incomplete filing of this return	n/report wi	ill be assessed ι	ınless reasonable cau	ıse is	established.	
			er penalties set forth in the instruc						
		edule MB completed and true, correct, and comp	d signed by an enrolled actuary, a lete	is well as ti	ne electronic vers	ion of this return/report	t, and	to the best of my	knowledge and
SIG		Filed with authorized/v	valid electronic signature.	08	3/01/2013	DR. RAJESH ROHAT	GI		
HEF	₹E	Signature of plan ad	Iministrator	D	ate	Enter name of individ	ual siç	ning as plan adn	ninistrator
SIG	N	Filed with authorized/v	valid electronic signature.	0	8/01/2013	DR. RAJESH ROHAT	GI		
HEF	RE	Signature of employ	/er/plan sponsor	D	ate	Enter name of individ	ual sic	ning as employe	r or plan sponsor
		name (including firm na	ame, if applicable) and address; in						number (optional)
		E ANDERSEN, M.A.A.A	v., M.S.P.					203-356	5-0306
		SSOCIATES MAIN STREET							
SUIT	E 230								
SIA	VIFUKL), CT 06902							

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End	of V	001		
		7-	(a) Beginning of Yea				(b) End			E	
_ <u>a</u>	Total plan assets Total plan liabilities	7a 7b	102303	0					98089	5	
	Net plan assets (subtract line 7b from line 7a)	76 7c	102365						98089	5	
8	,	70		,			/b\ 7			J	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) i	otal			
	(1) Employers	8a(1)	9500	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-13775	55							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-4275	5	
d	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		0							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-4275	5	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	ctions	S:		
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 t	ne instruct	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а				10a		Χ					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
	Was the plan covered by a fidelity bond?			10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth			iou							
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (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							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•			•	X	Yes	П	No
112	Enter the amount from Schedule SB line 39					11a			_		0
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•				J_ 01				- `	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	nter th	e date of	he le		lling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					u y					
	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)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For	calend	lar plan year 2012 or fiscal plan year begin	ning 01/01/2012	<u> </u>		and end	ing 12/31	/2012	
•	Round	off amounts to nearest dollar.							
•	Cautio	n: A penalty of \$1,000 will be assessed for	late filing of this report	unless reaso	nable cau	se is establish	ed.		
	Name c					B Three-di	ait		
PR	ME HE	EALTH MEDICAL DEFINED BENEFIT PLA	N				nber (PN)	•	001
						<u> </u>		L L	
		onsor's name as shown on line 2a of Form	5500 or 5500-SF			D Employer	Identification	on Number (EIN)	
PRI	ME HE	ALTH MEDICAL				20-0155109			
E 1	ype of	plan: 🛛 Single 📗 Multiple-A 📗 Multip	ole-B F I	Prior year pla	n size: X	100 or fewer	101-500	More than 50)
Pá	art I	Basic Information							
1		the valuation date: Month _0	1 Day <u>01</u>	Year _2	2012				
2	Asse								
		rket value					2a		1021238
		tuarial value					2b		1021238
3		ing target/participant count breakdown:				mber of partic		(2) Fundin	
•		r retired participants and beneficiaries recei	iving payment	. 3a	(1) Nu	ilibei oi partic	0	(Z) i unum	g raiget 0
		r terminated vested participants	01)	-					
		, ,		. 30			0		
		r active participants:		20/4)			_		
		(1) Non-vested benefits					_		0
		(2) Vested benefits							833113
		(3) Total active					2		833113
	d To	tal		. 3d			2		833113
4	If the	plan is in at-risk status, check the box and	complete lines (a) and ((b)					
	a Fu	nding target disregarding prescribed at-risk	assumptions				4a		
		nding target reflecting at-risk assumptions,					4b		
		at-risk status for fewer than five consecutiv		<u> </u>					
5	Effec	tive interest rate					5		6.85 %
6	Targe	et normal cost					6		121844
		by Enrolled Actuary st of my knowledge, the information supplied in this sche	dule and accompanying schedu	les statements a	and attachmer	nts if any is comp	lete and accura	te Fach prescribed assu	motion was applied in
	accordan	ce with applicable law and regulations. In my opinion, ead ion, offer my best estimate of anticipated experience under	ch other assumption is reasonab						
		ion, one my best estimate of anticipated expenence unit	er trie piari.						
	IGN								
H	ERE							07/19/2013	
		Signature of ac	tuary					Date	
THE	ODOR	E ANDERSEN, M.A.A.A., MSPA						11-02034	
		Type or print name	of actuary				Most red	cent enrollment nur	nber
PEN	ISION A	ASSOCIATES						203-356-0306	;
		Firm name)			Т	elephone n	umber (including a	rea code)
		T MAIN STREET SUITE 230 D, CT 06902							
517	On	5, 51 00002							
		Address of the	e firm						
		Address of the	⊋ IIIIII						
		ry has not fully reflected any regulation or ru	uling promulgated under	the statute i	in completi	ing this sched	ule, check t	ne box and see	
HISTI	uctions								

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	rt II	Begin	ning of Year	Carryov	er Prefu	nding Bala	nces	i							
	•								(a) (Carryover balance		(b)	Prefundir	ng balar	nce
		U	nning of prior year		•	,					0				259860
8			or use to offset p	•		,					0				0
9	Amoun	t remainii	ng (line 7 minus li	ne 8)							0				259860
10	Interest	t on line 9	using prior year's	s actual ret	urn of	- <u>10.85</u> %					0				-28195
11	Prior ye	ear's exce	ess contributions t	o be added	d to prefund	ling balance:									
	a Prese	ent value	of excess contrib	utions (line	38a from p	orior year)									41646
			using prior year's provided (see ins												2424
	C Total	available	at beginning of cu	rrent plan ye	ear to add to	prefunding bal	ance								44070
	d Porti	on of (c)	to be added to pre	efunding ba	alance										44070
12	Other re	eductions	s in balances due	to elections	s or deeme	d elections					0				275735
13	Balance	e at begir	nning of current ye	ear (line 9 +	+ line 10 + l	ine 11d – line 1	12)				0				0
Pa	art III	Fun	ding Percent	ages											
14	Funding	g target a	ttainment percent	age									14	12	2.58 %
15	Adjuste	d funding	g target attainmen	t percentaç	ge								15	12	2.58 %
16										nces may be used) 	16	8	9.52 %
17	If the cu	urrent val	ue of the assets of	of the plan i	s less than	70 percent of t	the fur	nding targe	t, enter s	such percentage			17		%
Pá	art IV	Con	tributions an	d Liquid	ity Short	falls									
18	Contrib	utions ma	ade to the plan for	<u> </u>	, ,	, ,	mploye	ees:							
(M	(a) Dat M-DD-Y		(b) Amount p employer			ount paid by ployees	((a) Date MM-DD-Y)		(b) Amount pa employer((c) Amoui emplo		ру
03	/15/2013	3		95000			0								
							-								
							-	dala b	40(h)		05000	40(-)			
40								otals ►	18(b)		95000	18(c)			0
19			-							he beginning of the	year:				
	_		allocated toward made to avoid res							•	19b				0
			allocated toward m							•	19c				87739
20			outions and liquidi			dulon for curren	ı year	aujusteu to	valuation	i date	190				01139
20		-		-		ar?					L		Г	Yes	X No
		•	•							manner?			<u> </u>	Yes	No
			Yes," see instructi						a milely		Γ			103	☐ ·•O
	5 ii iii le	, 200 IS	i oo, ood manden	ons and to		shortfall as of			f this pla	ın year					
		(1) 19	st			2nd			(3)	3rd			(4) 4th		

Da	4 \/	Accumptio	no Hood to Determine	Funding Torget and Torge	t Normal Coat				
21		Int rate:	ns used to Determine	Funding Target and Targe	et Normai Cost				
21		gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yield	l curve	used
	b App	licable month (enter code)			21b			0
22			·			22			62
23		ity table(s) (se			scribed - separate	Substitut	te		
Pa	rt VI	Miscellane	ous Items						
24		-		tuarial assumptions for the current				d Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the p	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27			o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27			
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years				
28	Unpaid	d minimum requ	uired contributions for all prior	years		28			0
29				d unpaid minimum required contrib		29			0
30	Remai	ning amount of	funpaid minimum required cor	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31			nd excess assets (see instruc	· · · · · · · · · · · · · · · · · · ·		1			
	a Targ	et normal cost	(line 6)			. 31a			121844
	b Exce	ess assets, if a	oplicable, but not greater than	line 31a		31b			121844
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Installm	nent	
	a Net	shortfall amorti	zation installment			0			0
						0			0
33				ter the date of the ruling letter gran) and the waived amount	0	33			0
34	Total f	unding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total bal	ance	
35			use to offset funding	(0			0
36	Additio	onal cash requi	rement (line 34 minus line 35)			36			0
37				ontribution for current year adjuste		37			87739
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)					
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a			87739
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	38b			0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39			0
40	Unpaid			S		40			
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions)			
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sche	edule elected				<u> </u>	2 plus 7 years	15 y	ears/
	b Eligi	ble plan year(s) for which the election in line	41a was made		2008	8 2009 2010) [] :	2011
42	Amoun	nt of acceleration	n adjustment			42			
13	Evenes	inctallment ac	celeration amount to be carrie	d over to future plan years		43			

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Re	port Identification Information				
	2 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	
A This return/report is for	x a single-employer plan] a multiple-employer p	olan (not multiemployer)	a one-parti	cipant plan
B This return/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 box if filing unde	r: 😾 Form 5558	automatic extension		☐ DFVC prog	ram
•	special extension (enter descripti	ion)			
Part II Basic Plai	n Information enter all requested info	ormation			
1a Name of plan	enter an requested with	omanon		1b Three-digit	
Prime Health M	edical Defined Benefit Plan			plan number (PN) ▶	001
				1c Effective date	
				01/01/200	
2a Plan sponsor's name Prime Health M	and address; include room or suite number ((employer, if for a single	-employer plan)	2b Employer Idea	
Filme Health 11	edical			(EIN) 20-0	
				2c Sponsor's tele (516) 652	
29 Hamilton Pl	ace	•			e (see instructions)
US Garden City	NY 11530			621111	o (coo mondonomo)
	ame and address X Same as Plan Spons	sor Name Same as	Plan Sponsor Address	3b Administrator	s EIN
				3c Administrator	s telephone number
4 16 the name and (or Cit	U af 4bo mine operant bee about ad along the	Last rotum/rop at filed f	anthia plan autortha	4b EIN	
	N of the plan sponsor has changed since the lan number from the last retum/report.	last return/report filed t	or this plan, enter the	4D EIN	
a Sponsor's name	·			4c PN	
5a Total number of partic	cipants at the beginning of the plan year	***************************************		5a	2
•	sipants at the end of the plan year			5b	2
	s with account balances as of the end of the			5c	
	assets during the plan year invested in eligit			<u> </u>	X Yes No
-	liver of the annual examination and report of			PA)	
	04-46? (See instructions on waiver eligibility		***************************************		X Yes No
If you answered "No	" to either line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use f	orm 5500.	
Caution: A penalty for the	ne late or incomplete filing of this return/r	eport will be assessed	l unless reasonable cau	ıse is established.	
	and other penalties set forth in the instruction				
belief, it is trae, correct, a	leted and signed by an enrolled actuary, as and complete.	well as the electronic ve	ersion of this return/repon	i, and to the best of h	ny knowledge and
T V es		08/01/2013.	Dr. Rajesh Roha	tai	
SIGN HERE Signature of pla	n administrator	Date	Enter name of individua		ninietroter
	an administrator	08/01/2013	Dr. Rajesh Roha		IIIIIstrator
SIGN C					
HERE Signature of em	iployer/plan sponsor g firm name, if applicable) and address; inclu	Date	Enter name of individua		er or plan sponsor ne number (optional)
)	•	due room or saile namb	er (optional)		
t	ersen, M.A.A.A., M.S.P.			(203) 356-0	306
Pension Associated Pension Pen				}	
Suite 230					
IIS Stamford	ርሞ ብፍልበ2				

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	1,023,6	50			980,895
b ·	Total plan liabilities	7b		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1,023,6	50			980,895
	income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	8a(1)	95,00	10			
	(1) Employers(2) Participants	8a(2)	33,00	0	+-		
	(3) Others (including rollovers)	8a(3)			+		
	Other income (loss)	8b	(137,75	5)	 		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	T		(42,755)
	Benefits paid (including direct rollovers and insurance premiums				†	1.1.1	(127,007
	to provide benefits)	8d			╀—		
	Certain deemed and/or corrective distributions (see instructions)	8e			4		
~~~	Administrative service providers (salaries, fees, commissions)	8f		0	-	<del></del>	
	Other expenses	8g		0	<del> </del>		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+		0
	Net income (loss) (subtract line 8h from line 8c)	8i	<u> </u>		+		(42,755)
	Transfers to (from) the plan (see instructions)	8j				1 1 1 1 1	
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in the	e instructions:
_	1A						
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (	Codes	in the i	instructions:
Pa	rt V Compliance Questions						
10	During the plan year:	······································			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions)			10a		x	
b		(Do not in	nclude transactions reported	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 f	idelity bon	d, that was caused by fraud	10d		x	
e	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other			100		-	
6	insurance service or other organization that provides some or all of instructions.)	f the bene	fits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х	
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х	
<u>g</u>				iog	<b></b>	1	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	************	***************************************	10h		х	
j 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	0
12	Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the Code o	r sect	ion 30	2 of EF	RISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instructi				date of the letter ruling
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	
	Lines are transmitted required continuation for this profit your minimum					1	

**************************************	Form 5500-SF 2012	Page <b>3-</b>					
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan	ı year	*****************	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	,		12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	*****	🗀	Yes [	□ No □	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year	?	***************************************	☐ Ye	es 🗷 N	0	
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra				[	Yes X	No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), ident	ify the plan(s) to				
1	3c(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3) PN	l(s)
Part	VIII Trust Information (optional)						
14a I	Name of trust			14b T	rust's EIN		

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

### Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001 For the plan year 1/1/2012 through 12/31/2012

The age reported 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, line 19 - Discounted Employer Contributions

### Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2012 through 12/31/2012 Valuation Date: 1/1/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	<b>3/15/2013</b> 1/1/2012	<b>\$95,000</b> 95,000	87,739	0	0	6.85	0
Totals for Deposited Contribution		\$95,000	\$87,739	\$0	\$0		

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

#### Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2012 through 12/31/2012

Valuation Date: 1/1/2012

**Funding Method:** As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.98
Segment 2	6 - 20	5.07
Segment 3	> 20	6.19

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)					
Segment #	Vear	Rate %			

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:** 

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8%

Post-Retirement - Interest -

Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

# Schedule SB, Part V Summary of Plan Provisions

#### Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2012 through 12/31/2012

Employer: Prime Health Medical PC

Type of Entity - S-Corporation

EIN: 20-0155109 TIN: Plan #: 001

**Dates:** Effective - 1/1/2006 Year end - 12/31/2012 Valuation - 1/1/2012

Top Heavy Years - 2010, 2011, 2012

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 10 years of participation

Early - Not provided

**Average Compensation:** Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

10% of average monthly compensation per year of participation beginning year 1 limited to 10

year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

# Schedule SB, Part V Summary of Plan Provisions

#### Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2012 through 12/31/2012

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.07
Segment 2	6 - 20	4.45
Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

rens	ion ben	ent duaranty corpore		► File as a	ın attachmei	nt to Form	5500 or	5500-SF.			
For cal	endar	plan year 2012 oı	fiscal pl	an year beginning	01/01/	2012		and end	ng 12	/31/2012	<b>)</b>
<b>▶</b> Rou	ınd off	amounts to nea	rest dol	lar.							
▶ Cau	tion: /	A penalty of \$1,00	00 will be	assessed for late filing of	this report u	nless reaso	nable ca	use is establishe	ed.		·
A Nam	e of pl	an						<b>B</b> Three-di	git		
Prime	Heal	th Medical	Defin	ed Benefit Plan				plan nun	nber (PN	) <b>&gt;</b>	001
C Plan	spons	or's name as sho	wn on lir	ne 2a of Form 5500 or 550	00-SF			<b>D</b> Employer	dentifica	tion Number	r (EIN)
Prime	Heal	th Medical						:	20-015	5109	
Е Туре	of pla	n: X Single	Multiple	-A Multiple-B	<b>F</b> F	rior year p	an size:	x 100 or fewer	101-	500 Mc	ore than 500
Part		Basic Informa						<del></del>			
-	conta	e valuation date:		Month 01 [	Day01	Year_	2012				
<b>2</b> As	ssets:										
а	Marke	t value							2a		1,021,238
b	Actuar	ial value	• • • • • • • •		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	2b		1,021,238
<b>3</b> Fu	ınding	target/participant	count b	eakdown			(1) N	umber of partici	pants	(2	2) Funding Target
a	For ref	tired participants	and bene	eficiaries receiving payme	nt	3a			0		0
b	For ter	minated vested p	articipar	nts		3b			0		0
С	For ac	tive participants:									
	(1)	Non-vested ber	nefits			3c(1)					0
	(2)	Vested benefits				3c(2)					833,113
	(3)	Total active				3c(3)			2		833,113
ď	Total				•••••	3d			2		833,113
<b>4</b> If t	the pla	n is in at-risk stat	us, chec	k the box and complete lir	nes (a) and (b	o)					
а	Fundir	ng target disregar	ding pres	scribed at-risk assumption	ıs			• • • • • • • • • • • • • • • • • • • •	4a		
b				assumptions, but disregar ve consecutive years and				have been in	4b		
<b>5</b> Ef					X				5		6.85 %
6 Ta	arget n	ormal cost							- 6		121,844
To the accor comb	e best of dance w ination, o	ith applicable law and r	ormation su regulations.	pplied in this schedule and accom In my opinion, each other assump d experience under the plan.							sribed assumption was applied in ns) and such other assumptions, in
SIG HEF			I	l a				. <u> </u>		07/19/2	013
			S	ignature of actuary						Date	!
		Theodore A	nderse	en, M.A.A.A., MSPA	A					11-0203	4
			Type o	or print name of actuary					Most	ecent enroll	ment number
		Pension As	sociat	es					(2	03) 356-	0306
				Firm name				Т	elephone	number (in	cluding area code)
		2001 West	Main S	treet Suite 230							
	υs	Stamford		CT 06902							
				Address of the firm							
If the act		as not fully reflec	ted any r	egulation or ruling promul	lgated under	the statute	in comple	eting this schedu	ıle, checi	the box an	d see

	Schedu	le SB (Form 5500) 2012		Page 2	2					
Pa	rt II Beo	ginning of Year Carryov	er Prefunding Balance	es						
				_ [	(a) (	Carryover balance		(b) l	² refundir	ng balance
7		eginning of prior year after appl					o			259,860
8		ed for use to offset prior year's	• • •	I			0			0
9	Amount rema	aining (line 7 minus line 8)					0			259,860
10	Interest on lin	ne 9 using prior year's actual re	turn of10_85%				0			(28,195)
11	Prior year's e	excess contributions to be adde	d to prefunding balance:							
	a Present va	alue of excess contributions (lir	ne 38a from prior year)							41,646
		n (a) using prior year's effective provided (see instructions) .								2,424
	C Total avail	lable at beginning of current pla	an year to add to prefunding ba	alance				44,07		44,070
	<b>d</b> Portion of	(c) to be added to prefunding b	alance							44,070
12	Other reducti	ons in balances due to election	ns or deemed elections				0		275,735	
13	Balance at be	eginning of current year (line 9	+ line 10 + line 11d - line 12) .		•		0			0
Pa	rt III F	unding Percentages		***		-				
14	Funding targe	et attainment percentage							14	122.58 %
15	Adjusted fund	ding target attainment percenta	ge						15	122.58 %
16		unding percentage for purposes funding requirement							16	89.52 %
17	If the current	value of the assets of the plan	is less than 70 percent of the f	funding tar	get, enter :	such percentage			17	%
Pa	rt IV C	ontributions and Liquid	dity Shortfalls							
18	Contributions	made to the plan for the plan	year by employer(s) and emplo	yees:			-			
	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		Date D-YYYY)	(b) Amount p employer				unt paid by byees
03/	15/2013	95,000								

	Totals ► 18(b)	95,	000 18(c)	0
19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the	пе уеаг:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a		0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date	19b		0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c		87,739
20	Quarterly contributions and liquidity shortfalls:			
	a Did the plan have a "funding shortfall" for the prior year?			Yes X No

20	Quarterly contributions and liqu	idity shortfalls:						
	a Did the plan have a "funding							
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?							
	c If line 20a is "Yes," see instru	applicable:						
		Liquidity shortfall as of end	of quarter of this plan year					
	(1) 1st	(2) 2nd	(3) 3rd	(4) 4th				

Part V   Assumption	ons Used To Determin	e Funding Target and Targ	jet Normal Cost			
21 Discount rate:						
<b>a</b> Segment rates:	1st segment: 5.54 %	6	N/A, full yield curve used			
<b>b</b> Applicable month	21b	0				
22 Weighted average re	etirement age			22	62	
23 Mortality table(s) (se	e instructions) X P	rescribed - combined Pre	scribed - separate	Substitu	te	
Part VI Miscellane	eous items					
<del>-</del>	•	ctuarial assumptions for the current				
25 Has a method chang	ge been made for the current p	olan year? If "Yes," see instructions	regarding required attac	chment .	· · · · · · · · · · · Yes 🕱 No	
26 Is the plan required t	to provide a Schedule of Active	e Participants? If "Yes," see instruc	ions regarding required	attachmen	t Yes 🕱 No	
	•	nter applicable code and see instruc		27		
Part VII Reconcili	iation of Unpaid Minim	um Required Contribution	s For Prior Years			
28 Unpaid minimum rec	uired contribution for all prior	years		28	(	
' '		d unpaid minimum required contrib		29		
30 Remaining amount of	of unpaid minimum required co	ontributions (line 28 minus line 29)		30		
Part VIII Minimum	Required Contribution	n For Current Year				
31 Target normal cost a	ind excess assets (see instruc	tions):				
a Target normal cos	t (line 6)			31a	121,844	
		line 31a		31b	121,844	
32 Amortization installm	nents:		Outstanding Bala	ance	installment	
a Net shortfall amort	ization installment			0	(	
<b>b</b> Waiver amortization	on installment			0	(	
	• •	nter the date of the ruling letter gran) and the waived amount .		33	(	
34 Total funding require	ment before reflecting carryove	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	(	
	· · · · · · · · · · · · · · · · · · ·	Carryover balance	Prefunding Bala	ance	Total balance	
35 Balances elected for requirement	use to offset funding	0		0	. (	
	<del> </del>	)		36		
37 Contributions allocat	ed toward minimum required of	contribution for current year adjuste	d to valuation date	37	87,739	
	ess contributions for current y			<u> </u>	0,7,70	
				38a	97 730	
,	· · · · · · · · · · · · · · · · · · ·			38b	87,739	
	20					
	quired contribution for all years			40	***************************************	
	i	Pension Relief Act of 2010	<del></del>			
41 If an election was mag	de to use PRA 2010 funding re	elief for this plan:				
				[	2 plus 7 years  15 years	
<b>b</b> Eligible plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011	
			-11.1	42		
		ed over to future plan years		43		
		·		i		