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).

0044

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entrie	s in accor	dance witl	h the instructions to the Form 5500	0-SF.		•	
Pa	art I Annual Report Identification Inform	ation						
For	calendar plan year 2011 or fiscal plan year beginning	12/31/201	1	and ending 1	2/30/2	2012		
Α	This return/report is for:		a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	П	the final r	eturn/report		_		
	an amended return/rep	ort \square	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under:	H	•	extension	,	DFVC progra	m	
	special extension (enter	Ll ar description		Octobion		_ B. vo progra		
_		'	,					
	art II Basic Plan Information—enter all reque	sted inform	ation		4.			
	Name of plan				1b	Three-digit plan number		
WOC	DDMERE MEDICAL PC DEFINED BENEFIT PENSION P	LAN				(PN)	001	
					10	Effective date of		
						12/31/		
2a	Plan sponsor's name and address; include room or suite	number (e	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Number	
	ODMERE MEDICAL PC	`	. , ,	0 1 7 1 7		(EIN) 11-36		
					2c	Sponsor's telep	hone number	
836 k	KEENE LANE					718-945	5-2424	
	DDMERE, NY 11598				2d	Business code (see instructions)	
						62111	1	
	Plan administrator's name and address (if same as plan			?")	3b	Administrator's I	EIN 24092	
WOO		86 KEENE I OODMERE		8	30			
					3c Administrator's telephone number 718-945-2424			
4	If the name and/or EIN of the plan sponsor has changed	since the I	ast return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/rep	ort.		·				
	Sponsor's name				4c	PN		
5a	Total number of participants at the beginning of the plan		5a					
b	Total number of participants at the end of the plan year.		5b					
С	Number of participants with account balances as of the		,	•				
	complete this item)				5c			
-	Were all of the plan's assets during the plan year invest	J		` '			X Yes No	
b	Are you claiming a waiver of the annual examination an under 29 CFR 2520.104-46? (See instructions on waive						X Yes No	
	If you answered "No" to either 6a or 6b, the plan car			•			<u> </u>	
Pa	art III Financial Information		01111 0000	or and must motoda acc r crim co.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor	
, a	Total plan assets		70	908288		(b) Liid	1094543	
b	Total plan liabilities			0				
c				908288			1094543	
8	Net plan assets (subtract line 7b from line 7a)		70			/L\ T		
a	Contributions received or receivable from:			(a) Amount		(b) T	otai	
u	(1) Employers		. 8a(1)	200000				
	(2) Participants		. 8a(2)	0				
	(3) Others (including rollovers)							
b	Other income (loss)			-13745				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						186255	
d	Benefits paid (including direct rollovers and insurance pr							
-	to provide benefits)		. 8d					
е	Certain deemed and/or corrective distributions (see instri	ructions)	. 8e					
f	Administrative service providers (salaries, fees, commis	sions)	. 8f	0				
g	Other expenses		. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						0	
i	Net income (loss) (subtract line 8h from line 8c)						186255	
j	Transfers to (from) the plan (see instructions)							
			_ ∪j	I .				

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Earm	5500-SF	= 2011
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Page Z - 11	Page 2	-	1	
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	เษาเรเเเร

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions											
10	During the plan year:		Yes	No	А	mount						
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х								
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 fidelity bond, that was caused by fraud or dishonesty?	10d		X								
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х								
f	Has the plan failed to provide any benefit when due under the plan?	10f		X								
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X								
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X								
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i										
Part	Part VI Pension Funding Compliance											
11												
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?											
•	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
а	a 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 Day Year											
lf y	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								
С	Enter the amount contributed by the employer to the plan for this plan year			12c								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left 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?			Y	'es X No							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a									
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	X No					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1		_	<u> </u>					
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)					
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.							
SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, if, it is true, correct, and complete.											

SIGN	Filed with authorized/valid electronic signature.	09/05/2013	DR. SUBODH SINHA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/05/2013	DR. SUBODH SINHA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Eor	calendar plan year 2011 or fiscal plan year beginning 12/31/2011		and anding	12/30	0/2012
			and ending	12/30	1/2012
	Round off amounts to nearest dollar.				
	Caution: A penalty of \$1,000 will be assessed for late filing of this report un	nless reasc	nable cause is established.		
	Name of plan		B Three-digit		
WC	OODMERE MEDICAL PC DEFINED BENEFIT PENSION PLAN		plan numbe	r (PNI)	001
			plan numbe	1 (1 14)	,
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	ntificati	on Number (EIN)
	ODMERE MEDICAL PC		D Employer ide	Huncan	on Number (EIN)
VVO	ODMERE MEDICAL I C		11-3624092		
ΕТ	Гуре of plan: X Single Multiple-A Multiple-B F Р	rior year pla	n size: X 100 or fewer	101-50	0 More than 500
D.	ant I Desig Information		<u> </u>		
Pa	art I Basic Information		2010		
1	Enter the valuation date: Month 12 Day 30	Year _2	2012		
2	Assets:		_		
	a Market value			2a	908288
	b Actuarial value		F	2b	908288
			(4) Ni		
3	Funding target/participant count breakdown:		(1) Number of participa		(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a		0	0
	b For terminated vested participants	3b		0	0
	C For active participants:				
	(1) Non-vested benefits	3c(1)			0
	(2) Vested benefits	3c(2)		-	918127
	``	. ,		1	918127
	(3) Total active	3c(3)		•	
	d Total	3d		1	918127
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
	a Funding target disregarding prescribed at-risk assumptions			4a	
	b Funding target reflecting at-risk assumptions, but disregarding transi			4.	
	at-risk status for fewer than five consecutive years and disregarding			4b	
5	Effective interest rate	•		5	4.86 %
6				6	148632
	Target normal cost			U	
	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule	a atatamanta	and attachments, if any is complete	and accur	to Each properited assumption was applied in
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable				
	combination, offer my best estimate of anticipated experience under the plan.				
S	BIGN				
	IERE				08/23/2013
	Signature of actuary				Date
THE	ODORE ANDERSEN, M.A.A.A.,M.S.P.A				11-02034
	CODORE ANDERGEN, M.A.A.A.,M.S.I.A				11-02034
	Type or print name of actuary			Most re	cent enrollment number
PEN	ISION ASSOCIATES				203-356-0306
	Firm name		Tele	phone n	number (including area code)
	1 WEST MAIN STREET, SUITE 230				,
SIA	MFORD, CT 06902				
_					
	Address of the firm	-			
If the	e actuary has not fully reflected any regulation or ruling promulgated under t	the statute	in completing this schodule	check t	he hay and see
	actuary has not fully reflected any regulation of fulling promulgated under t uctions	ine statute	in completing this stricture	CHECK I	THE DOX AND SEE

Page	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II	Begir	ning of year	carryove	er and prefunding ba	alances	5								
	•							(a) C	Carryover balance)	(b)	Prefundi	ng balance		
7			0 ,		cable adjustments (line 13					0			0		
8			•	•	unding requirement (line 3					0	0				
9	Amount	t remainii	ng (line 7 minus lir	ne 8)						0	0				
10	Interest	on line 9	ousing prior year's	s actual ret	urn of12.94%					0	0				
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:										
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)						108144				
					rate of% exce							0			
C Total available at beginning of current plan year to add to prefunding balance									108144						
	d Port	tion of (c)	to be added to pr	efunding b	alance								0		
12	Other re	eductions	s in balances due	to elections	s or deemed elections					0			0		
13	Balance	at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 1	2)				0			0		
P	Part III Funding percentages														
14	Funding	g target a	attainment percent	age								14	98.92 %		
15	Adjuste	d fundin	g target attainmen	t percentag	je							15	88.40 %		
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								116.00 %						
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage														
P	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		(a) Da -DD-`	Date (b) Amount paid by employer(s)			((c) Amount paid by employees			
07	/22/2013			200000	0										
												1			
						Totals	▶	18(b)		200000	18(c)		0		
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with	n a valuat	ion da	ate after th	e beginning of th	e year:					
	a Conti	ributions	allocated toward	unpaid min	imum required contribution	s from p	ior ye	ears		19a			0		
	b Conti	ributions	made to avoid res	strictions ac	djusted to valuation date					19b			0		
	C Contr	ributions a	allocated toward mi	nimum requ	uired contribution for current	year adju	sted t	o valuation	date	19c			194765		
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:										
	a Did th	he plan h	nave a "funding sh	ortfall" for t	he prior year?								Yes X No		
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current ye	ar made	in a t	imely man	ner?	·····			Yes No		
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as a	pplicable	:								
	_				Liquidity shortfall as of	end of qu	arter		-			(4)			
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th	<u> </u>		

Pa	art V Assumptions used to determine funding target and target normal cost											
21	Disco	ount rate:										
	a Se	egment rates:	1st segment: 1.66%		2nd segment: 4.47%		3rd segment: 5.52 %		N/A, full yield curve used			
	b At	policable month	(enter code)		1			21b				
22								22	65			
23		ality table(s) (see	_		escribed - combined	T	scribed - separate	Substitut				
			_				oomood ooparato					
		Miscellane										
			•		uarial assumptions for the co		•		· · · · · · · · · · · · · · · · · · ·			
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No			
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No			
27					nding rules, enter applicable			27				
	Part VII Reconciliation of unpaid minimum required contributions for prior years											
					years			28	0			
29	9 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)							29	0			
30	0 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)											
Pa	Part VIII Minimum required contribution for current year											
31	1 Target normal cost and excess assets (see instructions):											
	a Tai	rget normal cost	31a	148632								
	b Excess assets, if applicable, but not greater than 31a											
32 Amortization installments: Outstanding Balance								Installment				
	a Ne	et shortfall amort	ization installment					9839	1534			
	b Wa	aiver amortizatio	on installment					0	0			
33					ter the date of the ruling lette			33	0			
34	Total	fundina requirer	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	150166			
		3 - 1 - 1			Carryover balance		Prefunding bala	-	Total balance			
35	Ralan	ocas elected for i	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		January Grand					
00						0		0	0			
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	150166			
37					ontribution for current year a			37	194765			
38	Prese	ent value of exce	ess contributions for curr	ent ve	ar (see instructions)			<u> </u>				
				<u> </u>				38a	44599			
			•		prefunding and funding star			38b	0			
39					ear (excess, if any, of line 36			39	0			
40							,	40				
	rt IX				nsion Relief Act of 20							
					ursuant to an alternative amo		•					
			_		indunit to an anomative and				2 plus 7 years 15 years			
					41a was made							
42		, , , ,	,					42				
					dt- 6-tl			+				
43	Excess installment acceleration amount to be carried over to future plan years											

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

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information								
For	the calendar plan year 2011 or fiscal plan year beginning	12/31	/2011 and ending	12,	/30/2012				
Α	This return/report is for: x a single-employer plan	a multiple-e	employer plan (not multiemployer)		a one-participant plan				
В	This return/report is:	the final ret	urn/report		•				
			n year return/report (less than 12 mon	ths)	hs)				
_		•	· , , , , , , , , , , , , , , , , , , ,						
C		automatic e	utomatic extension DFVC program						
_	special extension (enter description)								
	art II Basic Plan Information enter all requested inform	nation.		4.	1				
1a	Name of plan				hree-digit lan number				
	Woodmere Medical PC Defined Benefit Pension Pla	n			PN) ▶ 001				
				1c =	ffective date of plan				
					.2/31/2006				
2a	Plan sponsor's name and address; include room or suite number (employoodmere Medical PC	oyer, if for s	single-employer plan)		Employer Identification Number				
				<u>`</u>	EIN) 11-3624092				
				Plan sponsor's telephone number 718) 945-2424					
	836 Keene Lane				Business code (see instructions)				
ບຣ	Woodmere NY 11598				521111				
<u>3a</u>		"Same")		3b A	Administrator's EIN				
-	Same	Camo ,			idininos dicir o Env				
				30 /	Administrator's telephone number				
					diffillistrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the last r name, EIN, and the plan number from the last return/report.	t filed for this plan, enter the	4b ⊟	EIN					
а				4c F	PN				
5a	Total number of participants at the beginning of the plan year			5a	1				
b	Total number of participants at the end of the plan year • • • •			5b	1				
С	Number of participants with account balances as of the end of the plan			5c					
<u>6a</u>	complete this item)				X Yes \(\text{No} \)				
b	Are you claiming a waiver of the annual examination and report of an in				· • • • 57 162 [140				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of			XYes \(\subseteq No					
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF ar	nd must instead use Form 5500.						
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	908,288		1,094,543				
b	Total plan liabilities	7b	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	908,288		1,094,543				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	200,000						
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	-						
b	Other income (loss)	8b	(13,745)						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(23).23)		186,255				
d	Benefits paid (including direct rollovers and insurance premiums			_	100,233				
	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						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				
i	Net income (loss) (subtract line 8h from line 8c)	8i			186,255				
j	Transfers to (from) the plan (see instructions)	8j							

*******			Form 5500-SF 2011		Pa	age 2-						
Pai	t	Ĭ	Plan Characteristics									
9a	lf	th	plan provides pension benefits, enter the applicable pension feat	ure /	codes from the List	of Plan Characteris	stin Cr	rdes ir	the in	structions:		
b	If	th	1A eplan provides welfare benefits, enter the applicable welfare feature.	ге сс	odes from the List o	f Plan Characteristi	ic Cad	les in	the ins	structions:		
Pa	ť	Ý	Compliance Questions			-						
10			iring the plan year:					Yes	No	Aı	nount	
а		۷	as there a failure to transmit to the plan any participant contribution	w an	ithin the time period	described in	40		_x			
b	•	٧	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar are there any nonexempt transactions with any party-in-interest? (I	ry Ca Do n	orrection Program) not include transacti	ans reported	10a	,, 	x			
			line 10a.)	٠	• • • • • •		10b		-			
ا C			as the plan covered by a fidelity bond?				10c		X			
d			d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?				10d		×		_>->	······
е		٧	are any fees or commisions paid to any brokers, agents, or other p	perso	ons by an insurance	carrier,						
			surance services or other organization that provides some or all of structions.)				10e		×			
f			s the plan falled to provide any benefit when due under the plan?				10f	******	ж			
g			the plan have any participant loans? (If "Yes," enter amount as o				10g	***********	×	-		
h			his is an individual account plan, was there a blackout period? (Se				109		 	and the second of the second o		L Cyronia is
		2	20.101-3.)				10h		ж			e Sastafais et al
Telepoleon a le	or Library	lf e:	Oh was answered "Yes," check the box if you either provided the r ceptions to providing the notice applied under 29 CFR 2520.101-3	requ	ired notice or one o	f the	101					190 AM
			Pension Funding Compliance									
11		S	this a defined benefit plan subject to minimum funding requirement	ts? ((If "Yes," see instruc	tions and complete	Sche	edule	SB (Fo	orm	X Yes	No
12		ls	this a defined contribution plan subject to the minimum funding req	quire						SA?	Yes	X No
a		lf gi	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a anting the waiver completed line 12a, complete lines 3, 9, and 10 of Schedulo Mi	amo		. , Mon	s, and th	enter	the da Day	ate of the lette	r ruling 'ear	
b		E,	ter the minimum required contribution for this plan year					. [12b			
C		E	ter the amount contributed by the employer to the plan for this plan	n ye:	ar			. [12c			
d			btract the amount in line 12c from the amount in line 12b. Enter the gative amount)					. [12d			****
e	3237	٨	It the minimum funding amount reported on line 12d be met by the	func	ding deadline? .				, ,	Yes	No	□N/A
Par												
13a			s a resolution to terminate the plan been adopted in any plan year					نب ٠		,	Yes	x No
		ľ	Yes," enter the amount of any plan assets that reverted to the emp	ploye	er this year		•		13a			
b		ot	ere all the plan assets distributed to participants or beneficiaries, tra the PBGC?	•					١		Yes	X No
С			luring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this	plan to another pla	n(s), identify the pla	an(s) i	.o				
	13	C	1) Name of plan(s):	**********				13	c(2) E	IN(s)	13c(3)	PN(s)
							,				<u></u>	······································
Caut	ior	~- 1:	A penalty for the late or incomplete filing of this return/report	will	be assessed unles	ss reasonable cau	se is	estab	lished			
Unde SB o	r p	e	alties of perjury and other penalties set forth in the instructions, I d edule MB completed and signed by an enrolled actuary, as well as	decla	ere that I have exam	ined this return/rep	ort, ir	ıcludir	ıg, if aı	oplicable, a Si	chedula ge and	
belief	, it	İ	true, correct, and complete	·	0119							
SIC	Bat of k	W.3	STANK X	_ _	7417	Dr. Subodh S	inha	l				
HE	RE	The same	Signatule of plan administrator	0	ate	Enter name of indi	ividua	l signi	ng as	plan administr	ator	
Sic	6,1518	345		_[1412	Dr. Subodh S	inhe	L	····			
HE	HERE: Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											

Schedule SB, line 32 - Schedule of Amortization Bases

Woodmere Medical PC Defined Benefit Pension Plan

11-3624092 / 001

For the plan year 12/31/2011 through 12/30/2012

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remainin Amortization Perio
	12/30/2012	9,839	Shortfall	9,839	7
Totals:				\$9,839	

Schedule SB, line 19 - Discounted Employer Contributions

Woodmere Medical PC Defined Benefit Pension Plan 11-3624092 / 001

For the plan year 12/31/2011 through 12/30/2012 Valuation Date: 12/30/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjus Quart
Deposited Contribution	7/22/2013	\$200,000			
Applied to Additional Contribution	12/30/2012	45,798	44,599	0	
Applied to MRC	12/30/2012	154,202	150,166	0	
Totals for Deposited Contribution		\$200,000	\$194,765	\$0	

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

Woodmere Medical PC Defined Benefit Pension Plan 11-3624092 / 001 For the plan year 12/31/2011 through 12/30/2012

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, Part V Summary of Plan Provisions

Woodmere Medical PC Defined Benefit Pension Plan 11-3624092 / 001

For the plan year 12/31/2011 through 12/30/2012

Employer: Woodmere Medical PC

Type of Entity - C-Corporation

EIN: 11-3624092 TIN: Plan #: 001 Plan Type: Defined Bene

Dates: Effective - 12/31/2006 Year end - 12/30/2012 Valuation - 12/30/2012

Top Heavy Years - 2009, 2010, 2011

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 - 12/31 or 06/30 the plan year on or next following eligibility satisfaction.

Retirement: Normal - Attainment of age 65 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 service beginning year 1 limited to

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 41 distribution, which is the lesser amount computed using a) 5.5% interest and the Applica 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 plan and 1984 (if earlier), limited to 10 years

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

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Schedule SB, Part V Summary of Plan Provisions

Woodmere Medical PC Defined Benefit Pension Plan 11-3624092 / 001

For the plan year 12/31/2011 through 12/30/2012

Vesting Sc	:hedule:
------------	----------

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

Service is calculated using all years of service

<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	2.20		
Segment 2	6 - 20	4.18		
Segment 3	> 20	4.81		

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Woodmere Medical PC Defined Benefit Pension Plan 11-3624092 / 001

For the plan year 12/31/2011 through 12/30/2012

Valuation Date: 12/30/2012

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

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 1

the greater of the present value of accrued benefit computed using funding segment rat Applicable Mortality Table or lump sum at the assumed retirement date of accrued bene equivalence discounted using appropriate segment rate. Lump sum on plan actuarial ec exceed 415 maximum allowable distribution, which is the lesser amount computed using the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and

Minimum

Interest Rates -

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

Segment # Year Rate %

Segment 1 0 - 5 1.66

 Segment 1
 0 - 5
 1.66

 Segment 2
 6 - 20
 4.47

 Segment 3
 > 20
 5.52

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 - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) at 5'

11E - 2011 Applicable Mortality Table for 417(e) (unisex)

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Woodmere Medical PC Defined Benefit Pension Plan 11-3624092 / 001

For the plan year 12/31/2011 through 12/30/2012

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

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a 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 (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).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

	► File as an attachme	nt to Form	5500 or 5500-SF.					
For c	alendar plan year 2011 or fiscal plan year beginning 12/31,	/2011	and end	ing 12	/30/2012			
▶R	ound off amounts to nearest dollar.							
> c	aution: A penalty of \$1,000 will be assessed for late filing of this report	ınless reas	onable cause is establish	ed.				
A Na	A Name of plan B Three-digit							
Wood	mere Medical PC Defined Benefit Pension Plan		plan nu	mber (PN)	•	001		
						I		
C Pla	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identificat	ion Number (EIN)		
Wood	mere Medical PC			11-362	4092			
E Ty	pe of plan: Single Multiple-A Multiple-B	Prior year p	lan size: x 100 or fewer	101-5	500 More	e than 500		
Pai	t I Basic Information							
1	Enter the valuation date: Month 12 Day 30	Year	2012					
	Assets:							
	a Market value			. 2a	•	908,288		
	b Actuarial value			. 2b		908,288		
	Funding target/participant count breakdown		T		(0)			
•		3a	(1) Number of partic	pants 0	(2)	Funding Target		
	 For retired participants and beneficiaries receiving payment For terminated vested participants 	3b						
	, ,	30		0		C		
	C For active participants:	0 (4)						
	(1) Non-vested benefits							
	(2) Vested benefits			9				
	(3) Total active	3c(3)		11	918,12			
	d Total	3d		1	918,12			
4	If the plan is in at-risk status, check the box and complete lines (a) and ((b)						
	a Funding target disregarding prescribed at-risk assumptions			. 4a				
	b Funding target reflecting at-risk assumptions, but disregarding trans	sition rule fo	r plans that have been	4b				
	at-risk status for fewer than five consecutive years and disregarding	g loading fa	ctor	. 40				
_5	Effective interest rate			. 5		4.86		
6	Target normal cost			. 6		148,632		
	ment by Enrolled Actuary							
ac	the best of my knowledge, the information supplied in this schedule and accompanying schedul cordance with applicable law and regulations. In my opion, each other assumption is reasonable antiput my best estimate of anticipated experience under the plan.							
SI	GN ~ G							
34.00 (A.S. VA	RE // /				08/23/20	13		
A 200 M 100 TO 1	Signature of actuary				Date			
THEODORE ANDERSEN, M.A.A.A., MSPA 11-02034								
				Mostr		ont number		
	Type or print name of actuary				ecent enrollm			
	PENSION ASSOCIATES				03) 356-0			
	Firm name Telephone number (including area code)							
	2001 WEST MAIN STREET, SUITE 230							
	US STAMFORD CT 06902							
	Address of the firm							
If the s	actuary has not fully reflected any regulation or ruling promulgated under	the statute	in completing this sched	ule check	the hox and	see 🖂		
inetruc		o diatate	completing and collect	, UIICUN	and box and			

Page	2

Schedule SB (Form 5500) 2011	Page 2
Scriedule SB (FOITH 5500) 2011	rage Z

Pa	rt II Beginning of year	carrvov	er and prefunding bala	nces							
					(a) Carryover balance (b			(b) F	refundi	ng balance	
7	Balance at beginning of prior year)						0				
8	8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)						0				0
9	Amount remaining (line 7 minus	line 8)					0				0
10	Interest on line 9 using prior yea	r's actual re	turn of <u>12.94</u> %				0				0
11	Prior year's excess contributions	to be adde	d to prefunding balance:								
	a Present value of excess cont	ibutions (lin	e 38 from prior year)							108,	144
	b Interest on (a) using prior year otherwise provided (see instru		rate of								
	c Total available at beginning of	f current pla	n year to add to prefunding ba	ilance		a Same				108,	144
	d Portion of (c) to be added to p	refunding b	alance								0
12	Other reductions in balances du	e to election	s or deemed elections				0				0
13	Balance at beginning of current	ear (line 9	+ line 10 + line 11d - line 12) .				0				0
Pa	rt III Funding percen	ages			·						
	Funding target attainment perce								14	98.92	%
	Adjusted funding target attainment								15	88.40	
	Prior year's funding percentage current year's funding requireme	or purposes	of determining whether carry	over/pref	unding bala	nces may be used to	reduc	e	16	116.00	
17	If the current value of the assets						•••••		17		%
825/80/00/00/00	rt IV Contributions a		· · · · · · · · · · · · · · · · · · ·								
	Contributions made to the plan f		<u></u>	vees'			····· - ····				
	(a) Date (b) Amount		(c) Amount paid by		a) Date	(b) Amount p	aid by		c) Amo	unt paid by	
(MI	M-ĎD-YYYY) `employer	(s)	employees	(MM-Ì	ÓD-YYYY)	employer	(s)		empl	oyees	
07/	/22/2013	200,000									

										~	
				Totals	► 18(b)		0,00	₀₀ 18(c)			0
19	Discounted employer contributio	ns see ins	structions for small plan with a	valuation	n date after t	he beginning of the	year:				
	a Contributions allocated toward	l unpaid mir	nimum required contribution fro	m prior	years		19a				0
	b Contributions made to avoid r	estrictions a	djusted to valuation date	•••••			19b				0
	c Contributions allocated toward	l minimum r	equired contribution for curren	t year ac	ijusted to va	luation date	19c			194,	765
20	Quarterly contributions and liquid	lity shortfall	(s):								
	a Did the plan have a "funding s	hortfall" for	the prior year?	•••••			• • • • • • •		[Yes X No)
	b If 20a is "Yes," were required								[Yes No	5
	c If 20a is "Yes," see instruction		·		•						
	The second second detection	c and comp	Liquidity shortfall as of end		er of this pla	n year					
	(1) 1st		(2) 2nd		(3)	3rd		(4) 4ti	ו	

P	art V Assumption	ons used to determine	funding target and target	normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 1.66 %	2nd segment: 4 . 47 %	3rd segment: 5.52 %	6	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	tirement age			22	65
23	Mortality table(s) (see	e instructions) X Pr	rescribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items		, , , , , , , , , , , , , , , , , , , ,		
			tuarial assumptions for the current	plan year? If "Yes." see	instruction	s regarding required
	•	· ·		•		• • •
25			an year? If "Yes," see instructions			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmen	tYes X No
27	, ,	•	nding rules, enter applicable code		27	
Pa			um required contributions			
			rears		28	0
29	<u>-</u>		d unpaid minimum required contrib			
					29	C
_30	Remaining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29).		30	
Pa	ırt VIII Minimum	required contribution	for current year			
31	Target normal cost, a	adjusted, if applicable (see inst	ructions)			
	a Target normal cost	(line 6)		<u></u>	31a	148,632
	b Excess assets, if a	pplicable, but not greater than	31a		31b	C
32	Amortization installm	ents:		Outstanding Bala	ance	Installment
	a Net shortfall amorti	ization installment			9,839	1,534
	b Waiver amortizatio	n installment	<u></u>		0	C
33		• • • •	nter the date of the ruling letter gra) and the waived amount.	• • • • • • • • • • • • • • • • • • • •	33	C
34			r/prefunding balances (lines 31a - 3		34	150,166
	, comment of the state of the s		Carryover balance	Prefunding Bala	ince	Total balance
-25	Balances elected to	use to effect funding			· · · · · · · · · · · · · · · · · · ·	
55			0		0	C
36	Additional cash requi	irement (line 34 minus line 35)			36	150,166
37			ontribution for current year adjuste		37	194,765
38		ess contributions for current ye			L	
					38a	44,599
			prefunding and funding standard o		38b	
39			ear (excess, if any, of line 36 over		39	
40		uired contribution for all years			40	
			ension Relief Act of 2010		<u>. </u>	
			rsuant to an alternative amortization			
						2 plus 7 years 15 years
			41a was made			08 2009 2010 2011
42			· · · · · · · · · · · · · · · · · · ·		42	201020102011
			d over to future plan years		43	
-40	LACESS HISTAIIITIETIL AC	cereration amount to be carrie	a over to luture plair years	 		