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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P-	ension Be	nefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	art I	Annual Repor	t Identification Information				
For	calenda	ar plan year 2012 or	fiscal plan year beginning 01/01/2012		and ending 1	2/31/2012	
		urn/report is for: urn/report is:		multiple-employer plue final return/report	an (not multiemployer)	a one-partici	pant plan
		·	an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)	
C	Check b	oox if filing under:	Form 5558 au ar special extension (enter description)	utomatic extension		DFVC progra	am
Da	rt II	Racio Blan Inf					
	rt II		ormation—enter all requested information	on		1h Thron digit	
	Name		DEFINED BENEFIT PLAN			1b Three-digit plan number	
OILI	TILIVIX	. IVIAITAINO, IVID, I C	DELINED BENEFITTEAN			(PN) ▶	002
						1c Effective date of	ıf plan
							/2003
		oonsor's name and a R. MARANO, MD, PC	ddress; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Ident (EIN) 82-05	fication Number 27875
1975	MARTI	HA AVE., STE. A				2c Sponsor's telep	phone number 2-6930
IDAH	O FALL	_S, ID 83404				2d Business code 6211	` ,
3a	Plan a	dministrator's name a	and address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b Administrator's	EIN
						3c Administrator's	telephone number
4			ne plan sponsor has changed since the las umber from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN	
а		or's name	ambor nom are last retain, repert.			4c PN	
			s at the beginning of the plan year			5a	7
b			s at the end of the plan year			5b	7
	Numbe	er of participants with	n account balances as of the end of the pla	n year (defined bene	fit plans do not	5c	
62			to during the plan year invested in clinible			l l	X Yes No
b			ets during the plan year invested in eligible of the annual examination and report of an				
			6? (See instructions on waiver eligibility and				X Yes No
			either line 6a or line 6b, the plan cannot				
			e or incomplete filing of this return/repor				
SB	or Sche		other penalties set forth in the instructions, and signed by an enrolled actuary, as well inplete.				
SIG		Filed with authorized	d/valid electronic signature.	10/07/2013	RUSSELL SNOW, EA	, CPC, MSPA	
HEF	₹E	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan adı	ministrator
SIG	N						
HEF	RE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as amploye	ar or plan enoneor
Prep	oarer's		name, if applicable) and address; include i			Preparer's telephone	

Form 5500-SF 2012 Page **2**

	rt III Financial Information		T								
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End				
	Total plan assets	7a	198641					20	00083		
	Total plan liabilities	7b		0	+					0	
	Net plan assets (subtract line 7b from line 7a)	7c	198641	9	-				00083	0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	<u>otal</u>			
а	Contributions received or receivable from: (1) Employers	8a(1)	7500	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	-6058	89							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1441	1	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							1441	1	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	rt IV Plan Characteristics		•		•						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions):		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		7	<u> </u>		
b		? (Do not	include transactions reported	10b		X					
С				10c	Χ					00/	0000
	Did the plan have a loss, whether or not reimbursed by the plan's			100				—		200	0000
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h							
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	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
11a	Enter the amount from Schedule SB line 39					11a					0
12	Is this a defined contribution plan subject to the minimum funding				•		FRISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•				JUL 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	enter th	ne date of t	he le Yea		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
	Enter the minimum required contribution for this plan year	•				12b					
						_					

	Form 5500-SF 2012 Page 3 - 1			
			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

				File a	s an attachme	ent to Form	5500 or	5500-SF.					
Fo	calendar	plan year 2012	or fiscal plan y	ear beginning	01/01/2012			and endi	ng 12/3	1/201	2		
		f amounts to n											
			000 will be ass	sessed for late filing	g of this report	unless reas	onable ca	use is establishe	ed.			T	
	Name of pl EPHEN R.		, PC DEFINED	BENEFIT PLAN				B Three-dig	•		>	002	
								·	·			<u> </u>	
С	Plan spons	or's name as s	hown on line 2a	a of Form 5500 or	5500-SF			D Employer	Identificati	on Nu	umber ((EIN)	
STI	EPHEN R.	MARANO, MD	, PC					82-0527875					
Ε-	Гуре of plar	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size: >	100 or fewer	101-50	00	More t	than 500	
P	art I E	Basic Inform	nation										
1		e valuation date		Month	Day31	Year _	2012	_					
2	Assets:												
	a Marke	t value							2a				1924790
	b Actuar	ial value							2b				1924790
3	Funding	target/participa	nt count break	down:			(1) N	lumber of partici	pants		(2)	Funding Target	
	a For ref	tired participant	s and beneficia	aries receiving payı	ment	3a			0				0
	b For te	rminated vested	d participants			3b			3				75209
	C For ac	tive participants	S:										
	(1)	Non-vested b	enefits			3c(1)							0
	(2)	Vested benef	its			3c(2)							1887403
	(3)	Total active				3c(3)			4				1887403
	d Total.					3d			7				1962612
4	If the pla	n is in at-risk st	atus, check the	e box and complete	e lines (a) and	(b)		.П					
	a Fundir	ng target disreg	arding prescrib	ed at-risk assumpt	ions			<u> </u>	4a				
	b Fundir	ng target reflect	ing at-risk assu	umptions, but disre	garding transiti	ion rule for p	lans that	have been in	4h				
5									5				5.45 %
6	Target n	ormal cost							6				0
Sta		Enrolled Actu											
	accordance w	ith applicable law an	d regulations. In my	d in this schedule and acc opinion, each other assi perience under the plan.									
Ş	SIGN												
	IERE							_			09/23/2	2013	
			Signa	ture of actuary							Date		
RUS	SSELL J. S	NOW						_			11-071	199	
			Type or pri	int name of actuary	/				Most re	cent	enrollm	nent number	
MA	TTHEWS,	GOLD, KENNE	DY & SNOW, I	INC							602-94	14-1515	
			F	Firm name				Te	elephone r	numbe	er (inclu	uding area code)
	O N. 16TH DENIX, AZ	ST. 285016-1306											
			Addı	ress of the firm				_					
If the	actuary h	as not fully refle	ected any regul	ation or ruling pror	nulgated under	r the statute	in comple	eting this schedu	ıle, check	the bo	ox and	see	П
	uctions	,	, -34.	31, 51	<u> </u>			<u> </u>					Ш

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Ba	land	ces							
							-	(a)	Carryover balance)	(b)	Prefundi	ng balar	nce
7		Ū			cable adjustments (line					0				105746
8				•	unding requirement (lir					0				0
9	Amoun	t remainii	ng (line 7 minus lin	e 8)						0				105746
10	Interest	t on line 9	using prior year's	actual ret	urn of1.35%					0	14:			
11	Prior ye	ear's exce	ess contributions to	be added	to prefunding balance	e:								
	a Prese	ent value	of excess contribu	ıtions (line	38a from prior year)									122809
					nterest rate of0									
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding	balan	ice							122809
d Portion of (c) to be added to prefunding balance										0				
					s or deemed elections					0				0
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – lir	ne 12))			0				107174
P	art III	Fun	ding Percenta	iges										
14	Funding	g target a	ttainment percenta	age								14	9	2.31 %
			g target attainment		,							15	10	1.94 %
16					of determining whether							16	9	1.94 %
17	If the co	urrent val	ue of the assets of	the plan is	s less than 70 percent	of the	e funding tar	get, enter	such percentage			17		%
Pa	art IV	Con	tributions and	Liquid	ity Shortfalls									
18					ear by employer(s) and		oloyees:							
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	у	(a) [(MM-DD		(b) Amount p employer		(nt paid l oyees	ру
09	/27/2012	2		75000		0								
							Totala N	40(b)		75000	40/->	I		
40							Totals ▶	18(b)		75000	18(c)			0
19			-		tructions for small plan					e year:				0
				•	imum required contribo Ijusted to valuation dat					19b				0
					uired contribution for cu					19c				75013
20			outions and liquidit			пен у	eai aujusted	i to valuation	ii dale	130				73013
		-			he prior year?					<u>L</u>		>	Yes	No
			_		installments for the c							<u> </u>	Yes	X No
					emplete the following to									
	.	2 200 10	. 55, 555 115114611		Liquidity shortfall as				an year					
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th	1	
			0				0			0				0

Pa	rt V	Assumntio	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21		unt rate:	ns osca to betermine	randing ranger and range	t Homai Cost				
		gment rates:	1st segment: 1.77%	2nd segment: 4.67%	3rd segment: 5.78 %		N/A, full yield	d curve	used
	b App	olicable month (enter code)			21b			4
22	Weigh	nted average ret	tirement age			22			58
23	Mortal	lity table(s) (se	e instructions)	escribed - combined Pres	scribed - separate	Substitut	e		
Pa	rt VI	Miscellane	ous Items						
24				uarial 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	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	er applicable code and see instruc	tions regarding	27			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpai	d minimum requ	uired contributions for all prior	years		28			0
29				I unpaid minimum required contrib		29			0
30	Rema	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe	et normal cost a	nd excess assets (see instruct	ions):					
	a Targ	get normal cost	(line 6)			31a			0
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b			0
32	Amort	ization installme	ents:		Outstanding Bala	ance	Installn	nent	
						150837			26148
						0			0
33				ter the date of the ruling letter grar) and the waived amount		33			0
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			26148
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	0		0			0
36	Additio	onal cash requi	rement (line 34 minus line 35)			36			26148
37			•	ontribution for current year adjusted		37			75013
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)					
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a			48865
	b Port	tion included in	line 38a attributable to use of	prefunding and funding standard ca	arryover balances	38b			0
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over l	ine 37)	39			0
40			•	<u></u>		40			0
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)			
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sch	edule elected				<u> </u>	2 plus 7 years	15 y	ears
	b Elig	ible plan year(s) for which the election in line	41a was made		2008	3 2009 201	0 2	2011
42	Amour	nt of acceleratio	n adjustment			42			0
13	Evene	c inctallment ac	celeration amount to be carrie	d over to future plan years		43			

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

	For Funding Min Max	<u>For 417(e)</u>	For Actuarial Equiv.			
Interest Rates	Seg 1 1.77% 1.77%	Seg 1 2.07%	Pre-Retirement 5.00%			
	Seg 2 4.67% 4.67%	Seg 2 4.45%	Post-Retirement 5.00%			
	Seg 3 5.78% 5.78%	Seg 3 5.24%				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
Assumed Ret Age	Normal retirement age 58 and 5 years of participation	Normal retirement age 58 and 5 years of participation	Normal retirement age 58 and 5 years of participation			
Post-Retirement						
Mortality	2012 Applicable Mortality Table from Rev Rul 2006-67	2012 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F			
Assumed Benefit Form I	For Funding	Lump Sum				
Calculated Effective Inte	erest Rate	5.45%				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089 Benefit Plan Department of the Treesury Internet Revenue Service 2012 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 Department of Labor Employou Brenetts Security Administration This Form is Open to Public the Internal Revenue Code (the Code). Inspection Pension Banett Gueraniv Corporator Complete all entries in accordance with the instructions to the Form 5500-SF. Part : Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 12/31/2012 K a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant plan B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report automatic extension ☐ DFVC program C Check box if filing under: Form 5558 special extension (enter description) Part II Basic Plan Information—enter all requested Information 1a Name of plan 1b Three-digit Stephen R. Marano, MD, PC Defined Benefit Plan plan number 002 (PN) > 1c Effective date of plan 01/01/2003 2a Plan aponsor's name and address; include room or suite number (employer, if for a single-amployer plan) Employer Identification Number Stephen R. Marano, MD, PC (EIN) 82-0527875 2c Sponsor's telephone number 1975 Martha Ave., Ste. A 208-522-6930 2d Business code (see instructions) Idaho Falla TD 83404 621111 3a Flan administrator's name and address XSame as Plan Sponaor Name XSame as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 58 Total number of participants at the beginning of the plan year 5a 7 b Total number of participants at the end of the plan year 5b 7 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item)..... Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520,104-487 (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Stephen R. Marano, MD SIGN MERE Enter name of Individual signing as plan administrator Signature of plan administrator Stephen R. Marano, MD

SIGN HERE Signature of employer/plan sponsor Date 10/6/19 Enter name of Individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's telephone number (optional)

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

7	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End	of Ye	ar	
a	Total plan assets	. 7a	198	641	9		ž.		200	0830
b	Total plan liabilities	. 7b	520 × 69		0					0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	198	641	9				200	0830
8	income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	7	7500	О					
	(2) Participants	8a(2)			0		201		100	
	(3) Others (including rollovers)	8a(3)								1997
b	Other income (loss)	. 8b			-					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			in .]	14411
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0	in de light Dieligh			-7,13	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
f	Administrative service providers (salaries, fees, commissions)	. 8f			0 4		Public Contactor		nor type	(Sergijaard)
g	Other expenses	. 8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Y (1) (4) (5)	1,72					0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i	Orași de la 1866 de 1610 de de de la compositor de la persona de la 1860 de la 1860 de la 1860 de la 1860 de l Compositor de la 1860 d		091					14411
j	Transfers to (from) the plan (see instructions)	- 8j			0					
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instri	uctions		
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plan Charac	cterist	ic Cod	es in ti	he instru	ctions:		
Pai	t V Compliance Questions						70.2			
10	During the plan year:	- 1	• • • • • • • • • • • • • • • • • • • •	1	Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelity)			10a			7			
	Were there any nonexempt transactions with any party-in-interes				6.	X				
	on line 10a.)		70	10b		X				
	Was the plan covered by a fidelity bond?			10b	X				2	00000
		s fidelity bo	nd, that was caused by fraud		Х				2	00000
_	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	nd, that was caused by fraud us by an insurance carrier, efits under the plan? (See	10c	X	Х			2	00000
_	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo ther person of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d	X	x			2	00000
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	s fidelity bo ther person of the ben an?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d 10e	х	X X			2	00000
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the pl	s fidelity bo ther person of the ben an? as of year	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10d 10d 10e 10f	X	X X X			2	0000
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan base and participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.)	s fidelity bo ther person of the ben an? as of year o (See instr	nd, that was caused by fraud us by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10d 10d 10e 10f 10g	X	X X X			2	00000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan by the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period? 2520.101-3.)	s fidelity bo ther person of the ben an? as of year o (See instr	nd, that was caused by fraud us by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10c 10d 10e 10f 10g 10h	X	X X X				00000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bave any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101.	ther person of the ben an? as of year of (See instruction of the country of the country of the require of the	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10c 10d 10e 10f 10g 10h 10i	Scher	X X X X dule SE				
Pan 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo ther person of the ben an? as of year (See instruction the require 01-3	nd, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10c 10d 10e 10f 10g 10h 10i	Scher	X X X X dule SE				
Pan 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101-101. TVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below).	ther person of the ben an?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and con	10c 10d 10e 10f 10g 10h 10i	Scher	X X X X Adule St	<u> </u>		Yes	
Par 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan benefit by the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101-101. TVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39	ther person of the ben an? as of year of the require 01-3	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and cone	10c 10d 10e 10f 10g 10h 10i	Scher	X X X X Adule St	<u> </u>		Yes	No
Par 11 12 -	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bave any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101. The Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below at If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ther person of the ben- an? as of year of the require on the require of the require on the require on the require on the require of the requi	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and con ents of section 412 of the Code sable.) ted in this plan year, see instru	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X A A A A A A A A A A A A A A A A	ERIŜA?		Yes O Yes	No No
Par 11 12 -	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ther person of the ben- an? as of year of the require on the require of the require on the require on the require on the require of the requi	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and con ents of section 412 of the Code sable.) ted in this plan year, see instru	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X A A A A A A A A A A A A A A A A	ERIŜA?	(Yes O Yes	No No

	Form 5500-SF 2012 Page 3 -				
	Enter the amount contributed by the employer to the plan for this plan year	12c	T		
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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No I	N/A
Part	VII Plan Terminations and Transfers of Assets				
	Has a resolution to terminate the plan been adopted in any plan year?	<u> </u>	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?			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	-		
	13c(1) Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN	N(s)
			<u>.</u>	+	
Part	Trust Information (optional)				
14a	Name of trust	14b T	rust's EIN		

SUPPLEMENTAL STATEMENT OF ENROLLED ACTUARY Attached to Schedule SB (Form 5500) 2012

for

Stephen R. Marano, MD, PC Defined Benefit Plan

EIN: <u>82-0527875</u> PN: <u>002</u>

To the best of my present knowledge, the information contained in the certificate supplemented by this statement is complete and without material error. Although I am not aware of any material inadequacies in the data upon which such certificate is based, such data were furnished by the trustee(s) and the plan administrator (and/or by their respective employees, agents, and/or representatives); and, aside from gross tests for overall reasonableness, I have relied on such data in making my valuation; but I do not accept responsibility for the accuracy or inclusiveness of such data.

In addition, I have relied on plan sponsor's legal counsel and the plan administrator with respect to the plan's compliance in form and operation with applicable laws and regulations.

Any material change in the foregoing may result in the need to amend the certificate supplemented by this statement.

Russell I Snow

Date

Most Recent Enrollment Number: 11-07199

Matthews, Gold, Kennedy & Snow, Inc. 6530 North 16th Street Phoenix, AZ 85016 (602) 944-1515

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).

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2012

v. 120126

OMB No. 1210-0110

2012

Pension Benefit Guaranty Corporation	▶ File as an attachme		5500 or 5500-SF.			
For calendar plan year 2012 or fiscal p	lan year beginning 01/01/	2012	and ending		12/31/:	2012
Round off amounts to nearest do	illar.					
Caution: A penalty of \$1,000 will be	e assessed for late filing of this report t	inless reaso	onable cause is established			
A Name of plan	DG D S! 1 D S!! D1		B Three-digit			
Stephen R. Marano, MD	, PC Defined Benefit Pl	an	pian numbe	r (PN)	<u> </u>	002
	•					
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer Ide			
Stephen R. Marano, MD	, PC		82-0527875			
E Type of plan: X Single Multiple	Linear the seed	Prior vear pla	an size: 🗓 100 or fewer	101-50	 00 ∏ More	than 500
Part Basic Information					<u> </u>	
1 Enter the valuation date:	· Month 12 Day 31	 Үеаг	2012			
2 Assets:					Full Kendud III da iba	
				2a	- S 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1924790
_				2b		1924790
3 Funding target/participant count b	reakdown:		(1) Number of participa	ints	(2)	Funding Target
	neficiaries receiving payment	3a	(1)	0		0
, ,	ints			3		75209
C For active participants:			n de la company	novintati elekt	errysk Baelbita	
		3c(1)				0
• • • • • • • • • • • • • • • • • • • •			follow who was action and a file of			1887403
* * *		- :-:	Date A see has burger and measure an energy as a party	4		1887403
_ ' '				7	·	1962612
	ck the box and complete lines (a) and	·			32.405541.411.38 38.465544.1411.38	
	escribed at-risk assumptions			4a	(45) IE 10 (125 V 124 HS	A Selice (CALITY COLOR ON SHALL ON A MARCOLLE
	cassumptions, but disregarding transiti			4b		
	five consecutive years and disregardin			40		
5 Effective interest rate			<u></u>	5		5.45%
6 Target normal cost	•••••••••••			6		. (
Statement by Enrolled Actuary To the best of my knowledge, the information s	supplied in this schedule and accompanying schedu	les, statements	and attachments, if any, is complete	and accu	rate. Each presc	ribed assumption was applied in
accordance with applicable law and regulations combination, offer my best estimate of anticipa	s. In my opinion, each other assumption is reasonat ted experience under the plan.	ole (taking into a	account the experience of the plan a	nd reasona	able expectations	i) and such other assumptions, in
SIGN	A /				9/23	2013
HERE Justel	1. dow				1/~	1300
Russell J. Snow	Signature of actuary				Date 11071	99
	or print name of actuary			Moetr		· · · · · · · · · · · · · · · · · · ·
Matthews, Gold, Kennedy	ог print name of actuary & Snow, Inc				602-944	nent number -1515
- 741	Firm name		Tel	ephone	number (inc	luding area code)
6530 N. 16th St.						
Phoenix AZ 8	35016-1306					
	Address of the firm					
If the actuary has not fully reflected any	regulation or ruling promulgated under	the statute	in completing this schedule	e, check	the box and	see

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

Pac	ıe	2	_	

Schedule	SB	(Form	5500)	2012

Of the parameter	ert II Begin	ming of Year C	arryove	r Prefunding Balanc	es						
			,	<u> </u>		(a) (arryover balance		(b) P	refundii	ng balance
7	-				stments (line 13 from prior 0 10574						105746
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)						0			0	
9								0			105746
10	Interest on line 9	using prior year's	actual retur	n of1.35%				0			1428
11				to prefunding balance:				A. Kast. (19)			
	Ť			8a from prior year)							122809
	b Interest on (a)	using prior year's	effective int	terest rate of0.00%	except	ept					0
			•	r to add to prefunding balan		in the state of th		Milet III			122809
	d Portion of (c)	to be added to pref	unding bala	ance							0
12	Other reductions	s in balances due to	elections	or deemed elections	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	<u> </u>	0			0
	*			ine 10 + line 11d - line 12)			·	0			107174
1.11.11	0.27046,886,8	ding Percenta									
		-								14	92.31%
										15	101.94%
	Prior year's fund		purposes o	of determining whether carr	ryover/pref	unding balar	ices may be used to	reduce		16	91.94%
17				less than 70 percent of the						17	
asses:	a třevní a Group hota		•		; failuling te	arget, eriter s	uci percentage			11	70
		tributions and									
18			<u> </u>	ar by employer(s) and emp		Data	(h) Amount noid	h.c.		1. Δ	nt paid by
4}	(a) Date vlM-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount paid employer(s)	ь	(C		oyees
0.9	9/27/2012		75000	0						•	
						· · · · · · · · · · · · · · · · · · ·				<u>.</u> . —-	
,											
									-		
	· · · · · · · · · · · · · · · · · · ·										
									-		
									_		
	vicini englishi ni gamas				Totals	18/h)		75000	18(c)		0
10					Totals)	/	<u> </u>	75000	18(c)		0
19	•	•		ructions for small plan with	a valuation	n date after t	he beginning of the y	/ear:	18(c)		
19	a Contributions	allocated toward u	ınpaid minii	mum required contributions	a valuatior s from prior	n date after t	he beginning of the y	/ear: 19a	18(c)		0
19	a Contributions b Contributions	s allocated toward us made to avoid res	unpaid mini trictions ad	mum required contributions justed to valuation date	a valuations from prior	n date after t	he beginning of the y	/ear: 19a 19b	18(c)		0
	a Contributionsb Contributionsc Contributions	s allocated toward us made to avoid res allocated toward mi	unpaid mini trictions ad nimum requ	mum required contributions justed to valuation date ired contribution for current y	a valuations from prior	n date after t	he beginning of the y	/ear: 19a	18(c)	da de de de de	0
19	a Contributions b Contributions c Contributions Quarterly contri	s allocated toward us s made to avoid res allocated toward mi butions and liquidit	unpaid mini trictions ad nimum requ y shortfalis:	mum required contributions justed to valuation date ired contribution for current	a valuatior s from prior	n date after t	he beginning of the y	/ear: 19a 19b 19c			0 0 75013
	a Contributions b Contributions c Contributions Quarterly contri a Did the plan	s allocated toward us made to avoid res allocated toward mi butions and liquidit have a "funding sh	unpaid minio strictions ad nimum requ y shortfalis: ortfall" for th	mum required contributions justed to valuation date ired contribution for current y	a valuation s from prior	n date after t	he beginning of the y	/ear: 19a 19b 19c	Se silin sim i 230 Se silin sim i 230 Se silin s		0 0 75013 Yes No
	a Contributions b Contributions c Contributions Quarterly contri a Did the plan	s allocated toward us made to avoid res allocated toward mi butions and liquidit have a "funding sh	unpaid minio strictions ad nimum requ y shortfalis: ortfall" for th	mum required contributions justed to valuation date ired contribution for current	a valuation s from prior	n date after t	he beginning of the y	/ear: 19a 19b 19c	Se silin sim i 230 Se silin sim i 230 Se silin s		0 0 75013
	a Contributions b Contributions c Contributions Quarterly contri a Did the plan b If 20a is "Yes	s allocated toward us s made to avoid rest allocated toward mit butions and liquidit have a "funding sh s," were required qu	unpaid minin strictions ad nimum requ y shortfalis: ortfali" for th uarterly inst	mum required contributions justed to valuation date ired contribution for current year?	a valuation s from prior year adjuste ar made in pplicable:	n date after t	n date	/ear: 19a 19b 19c	Se silin sim i 230 Se silin sim i 230 Se silin s		0 0 75013 Yes No
	a Contributions b Contributions c Contributions Quarterly contri a Did the plan b If 20a is "Yes	s allocated toward us made to avoid restallocated toward minibutions and liquidithave a "funding shes," were required quar," see instructions	unpaid minin strictions ad nimum requ y shortfalis: ortfali" for th uarterly inst	mum required contributions justed to valuation date ired contribution for current year?	a valuation s from prior year adjuste ar made in pplicable:	n date after to ryearsed to valuation a timely mainter of this pla	n date	/ear: 19a 19b 19c	Se silin sim i 230 Se silin sim i 230 Se silin s	(4) 4t	0 0 75013 Yes No Yes X No

Pa	rt V Assumptio	ns Used to Determine F	unding Target and Targe	t Normal Cost			
21	Discount rate:				_		
	a Segment rates:	1st segment: 1.77%	2nd segment: 4 . 6 7%	3rd segment: 5.78%		N/A, full yield curve used	
	b Applicable month (enter code)			21b	4	
22	Weighted average re-	tirement age			22	58	
23	Mortality table(s) (se	e instructions) 🗓 Pre	scribed - combined Pre	scribed - separate	Substitut	e	
Pai	t VI Miscellane	ous Items					
24	Has a change been nattachment.		uarial assumptions for the current				
25	Has a method change	e been made for the current pla	n year? If "Yes," see instructions	regarding required attact	ment	Yes X No	
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required a	attachment	Yes X No	
27			er applicable code and see instruc		27		
Pa	rt VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years			
28	Unpaid minimum req	uired contributions for all prior	years		28	0	
29			unpaid minimum required contrib		29	0	
30	Remaining amount o	f unpaid minimum required con	tributions (line 28 minus line 29).		30	0	
Pa	rt VIII Minimum	Required Contribution	For Current Year	·			
31	Target normal cost a	and excess assets (see instruct	ions):				
	a Target normal cost	(line 6)			31a	0	
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	0	
32	Amortization installm	ents:		Outstanding Bala		Installment	
	a Net shortfall amort	ization installment			150837	26148	
				-'	0	0	
33	If a waiver has been (Month		ter the date of the ruling letter gra) and the waived amount		33	0	
34	Total funding require	ment before reflecting caπyove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	26148	
			Carryover balance	Prefunding balar	nce	Total balance	
35	Balances elected for requirement	use to offset funding	1))	. 0	0	
36	Additional cash requ	irement (line 34 minus line 35).		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	36	26148	
37		- -	ontribution for current year adjuste		37	75013	
38	Present value of exc	ess contributions for current ye	ar (see instructions)			·	
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	48865	
	b Portion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b	0	
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0	
40			3		40	0	
Pa	rt IX Pension	Funding Relief Under F	Pension Relief Act of 201	0 (See Instructions))		
41	If an election was ma	ade to use PRA 2010 funding re	elief for this plan;			,	
	a Schedule elected			• • • • • • • • • • • • • • • • • • • •		2 plus 7 years 15 years	
	b Eligible plan year(s) for which the election in line	41a was made		200	08 2009 2010 2011	
42	Amount of accelerati	ion adjustment		***************************************	42	0	
43	Excess installment a	cceleration amount to be carrie	ed over to future plan years		43	0	

Stephen R. Marano, MD, PC Defined Benefit Plan Employer ID# 82-0527875: Plan No. 002

Schedule SB (Form 5500) Part IV: Contributions and Liquidity Shortfalls

Valuation Date: December 31, 2012

18 Contributions made to the plan for the plan year by employer(s):

(a) Date (b) Amount paid by employer(s)

09-27-2012 75,000.00

Totals: 75,000.00

Stephen R. Marano, MD, PC Defined Benefit Plan Employer ID# 82-0527875: Plan No. 002

Quarterly Installment Payment: \$34,210.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2012

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Ctb</u>
$09 - \overline{27 - 2012}$	68,420.00	2012	5.00 \(\frac{\infty}{5.45} \%	68,341.22
	6,580.00	2012	5.45%	6,671.68
Totals:	75,000.00			75,012.90

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the yea	ır
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
С	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	75.012.90

Weighted Average Retirement Age Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 58 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 58

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

January 1, 2003 Plan Effective Date

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

All participants are eligible to retire with their full retirement benefit **Normal Retirement Age**

on the later of the following:

Attainment of age 58

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Maximum benefit is \$12,618 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of participation

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit A fraction of the normal retirement benefit, calculated based on

average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected

credited years at normal retirement.

Credited years are years commencing with the date of entry and

ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

Upon termination for any reason other than death, disability or **Termination Benefit**

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Credited Years Vested Percent 1

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Credited Years	Vested Percent
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Shortfall Amortization Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	Installments	Installment	Installments
12/31/2011	7-year	6	\$21,212	\$119,316
12/31/2012	7-year	7	<u>\$4,936</u>	<u>\$31,521</u>
Total	•		\$26,148	\$150,837