#### 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

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	dentification Information					
For calen	dar plan year 2012 or fis	cal plan year beginning 01/01/2	012	and ending 1	2/31/2	2012	
A This r	eturn/report is for:	x a single-employer plan	=	an (not multiemployer)		a one-partici	oant plan
<b>B</b> This r	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
	9	special extension (enter descrip	otion)			_	
Part II	Basic Plan Info	mation—enter all requested info	<u> </u>				
1a Nam	•	mation—enter an requested into	imation		1h	Three-digit	
	HAH, MD PC DEFINED E	BENEFIT PLAN			.~	plan number	
	, -					(PN) <b>•</b>	002
					1c	Effective date o	•
						01/01	/2007
	sponsor's name and add	dress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi	fication Number 96103
0011/1120	17 (11, MID 1 O					(=114)	
					2C	Sponsor's telep	
41 CARRIA ROSLYN,					24		
,					Zu	62111	see instructions)
3a Plan	administrator's name an	d address XSame as Plan Sponso	r Name Same as Plar	Sponsor Address	3b	Administrator's	
<b>Ju</b> Han	daminionator o name an	A dudicos Aparile do Fiam oponise	Traine Dame do Fiai	Oponioon Address		/ diffill libitation 5	
					3с	Administrator's	telephone number
		plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN	
	e, Eliv, and the plan hun sor's name	nber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	1	1
		at the end of the plan year					
					5b		1
		ccount balances as of the end of th	. , ,	•	5c		
_		during the plan year invested in eli					X Yes No
_	•	the annual examination and report	•	,			
		(See instructions on waiver eligibili					X Yes No
If yo	u answered "No" to eit	her line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.	
Caution:	A penalty for the late of	r incomplete filing of this return/	report will be assessed	unless reasonable cau	ıse is	established.	
		er penalties set forth in the instructi					
	nedule MB completed an s true, correct, and comp	d signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	t, and t	to the best of my	knowledge and
DCIICI, It is	struc, correct, and comp	icic.		•			
SIGN	Filed with authorized/\	valid electronic signature.	10/11/2013	DEBRA NEWALLO			
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN						,	
HERE	Ciamatura of ample	vandalan ananan	Dete	Fatanaana afiadiidd			
	Signature of employ s name (including firm na	/er/plan sponsor ame, if applicable) and address; inc	Date  Jude room or suite numbe	Enter name of individ			r or plan sponsor number (optional)
, ropardi	o namo (moidaing iiili lie	ano, a applicable, and address, inc	iddo footh of built fluffibe	(Optional)	i icp	a.o. o totopriorie	nambor (optional)

Form 5500-SF 2012 Page **2** 

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	ar		
а	Total plan assets	7a	44567				<u> </u>		67275	5	
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	7c	44567	'3				56	67275		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To				
	Contributions received or receivable from:		(4) /				(2) 1				
	(1) Employers	8a(1)	7500	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	4660	2							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12	1602		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
<u>e</u>	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							C	)	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						12	21602	2	
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruction	ns:			
Part	V Compliance Questions										
10	•			1	Yes	No		A	4		
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		163	140		Amoı	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X					
D	on line 10a.)	•	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c		X					
d	or disharactu?	-		10d		X					
	Were any fees or commissions paid to any brokers, agents, or oth			100							
C	insurance service or other organization that provides some or all of					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
11a											
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		e lett Year		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul			<u> </u>		Day		ı <del>c</del> ai			
	Enter the minimum required contribution for this plan year	-				12b					

	Form 5500-SF 2012 Page <b>3</b> - 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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

							File as a	an attachn	nent to Forr	n 5500 or	5500	-SF.						
Fo	r calendar	plar	n year 201:	2 or f	fiscal plan ye	ear	beginning 0	1/01/2012				and end	ling	12/31/2	2012			
•	Round o	ff an	nounts to	nea	rest dollar.													
•	Caution:	A pe	enalty of \$	1,000	o will be ass	ess	sed for late filing o	f this repor	t unless rea	sonable ca	ause i	s establish	ned.					
	Name of p		4D DO DE		D DENEELT						В	Three-di	igit				002	
SU	IHAIL SHA	λH, Ν	ND PC DE	FINE	D BENEFIT	PI	LAN					plan nun	nber	(PN)	•		002	
_	Dian an an			- l · ·	!: 0.	1		00.05			_			4:£: 4:	Nim		TINI\	
	HAIL SHA			snov	vn on line 2a	a oi	f Form 5500 or 55	00-SF			D	Employer	ider	itilication	ı ıvurı	nber (i	EIIN)	
		,									20	-4896103						
_	Type of pla	.n. [	X Single	П	Multiple-A	П	Multiple-B	F	Prior year p	lon sizo:	100	) or fower	П	101-500		Moro ti	han 500	
_		L					Multiple-6	•	Filor year p	nan size.	100	) or lewer		101-300	<u></u>	wore u	11a11 300	
Р	art I	Bas	ic Infor	mat	ion													
1	Enter th	ie va	luation da	te:	N	Иor	nth <u>01</u> [	Day <u>01</u> _	Year	2012	_							
2	Assets:												_					
	<b>a</b> Mark	et va	lue										-	2a				445149
	<b>b</b> Actua	rial	value											2b				445149
3	Funding	g tar	get/particip	ant o	count break	dov	vn:			<b>(1)</b> N	lumbe	er of partic	ipan	ts		(2) F	Funding Tar	get
	<b>a</b> For re	etire	d participa	nts a	nd beneficia	arie	s receiving payme	nt	3a					0				0
	<b>b</b> For to	ermir	nated vest	ed pa	articipants				3b					0				0
	<b>C</b> For a	ctive	participar	nts:														
	(1)	N	on-vested	bene	efits				3c(1)									0
	(2) Vested benefits																	
	(3) Total active																	
	<b>d</b> Total													1				448721
4	If the pl	an is	in at-risk	statu	s. check the	e bo	ox and complete li	nes (a) and	l (b)									
							at-risk assumption				ш			4a				
		-	-	-			otions, but disrega											
							secutive years and							4b				
5	Effectiv	e int	erest rate.											5				6.85 %
6	Target	norm	al cost											6				0
Sta	tement b	y En	rolled Act	tuary	1													
							his schedule and accom											
							nce under the plan.	Julio 11 10 10 10 10 10 11 11 11 11 11 11 11	able (taking inte	account the t	эхропо	ioc or the plai	ii ana	reasonable	охроо	nationio	and such other t	accumptione, in
,	SIGN																	
	IERE														10	0/04/2	013	
					Signa	ture	e of actuary				_					Date		
DA	VID PAVE	L			- 3 -		,									11-026	89	
					Type or pri	int	name of actuary				_	-	١	/lost rece			ent number	
AP	S PENSIC	N &	FINANCIA	AL SE	• • • • •		name of actuary										8-8444	
2 41						irm	n name				_	т	elen	hone nu			ding area co	nde)
			Y RD, STI	E 310			i iiaiiie						eieb	none na	IIDEI	(IIICIU	ullig alea cc	ide)
W	OODBURY	, NY	11797															
											_							
_					Addr	ress	s of the firm											
lf th	e actuary	nas r	not fully ref	flecte	ed any regul	atic	on or ruling promu	lgated unde	er the statut	e in compl	eting	this sched	ule, d	check the	e box	c and s	see	
	uctions		•				٠.	-		•	Ü							ш

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	rt II	Begir	ning of Year	Carryov	er Prefunding Ba	land	es							
								(a)	Carryover balance	;	(b)	Prefundi	ng balan	се
7		Ū			cable adjustments (line					0				0
8			•	-	unding requirement (lin					0				0
9	Amoun	t remainii	ng (line 7 minus lin	e 8)						0				0
10	Interest	t on line 9	using prior year's	actual ret	urn of%					0				0
11	Prior ye	ear's exce	ess contributions to	be added	I to prefunding balance	):								
	<b>a</b> Prese	ent value	of excess contribu	itions (line	38a from prior year)									5155
					nterest rate of5									304
	<b>C</b> Total	available	at beginning of curr	rent plan ye	ear to add to prefunding	balan	ce							5459
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	lance									5459
12	Other r	eductions	s in balances due t	o elections	s or deemed elections.					0				5459
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – lin	ne 12)	)			0				0
P	art III	Fun	ding Percenta	ges										
14	Funding	g target a	ttainment percenta	age								14	99	.20 %
15	Adjuste	ed funding	g target attainment	percentag	je							15	99	.20 %
16					of determining whethe							16	86	5.55 %
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		%
P	art IV	Con	tributions and	d Liquidi	ity Shortfalls									
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and	d emp	oloyees:							
(N	( <b>a)</b> Dat IM-DD-Y		<b>(b)</b> Amount pa employer(		(c) Amount paid by employees	/	<b>(a)</b> D (MM-DD-		(b) Amount p employer		(	<b>c)</b> Amou empl		У
02	2/07/2013	3		75000		0								
								1000			401.			
							Totals ►	18(b)		75000	18(c)			0
19			•		tructions for small plan									
				•	imum required contribu					19a				0
	b Contributions made to avoid restrictions adjusted to valuation date													
20	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20		-											Yes	7 No
			_		he prior year?							<u> </u>	] L	∐ No
									manner (				Yes	No
	C IT IIN	e zua is "	res, see instruction	nis and co	implete the following ta Liquidity shortfall as				n vear					
		(1) 19	st		(2) 2nd		9441101	(3)	3rd			(4) 4th	1	
			0				0			0				0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21	Discou	ınt rate:							
	<b>a</b> Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yield	d curve	used
	<b>b</b> App	licable month (	enter code)			21b			1
22	Weight	ted average ret	irement age			. 22			62
23	Mortali	ity table(s) (see	e instructions)	escribed - combined Pres	scribed - separate	Substitute	е		
Pa	rt VI	Miscellane	ous Items						
24		Ū	· ·	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 p	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27		•	•	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	Unpaid	d minimum requ	uired contributions for all prior	years		28			0
29				unpaid minimum required contribution	' '	29			0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Target	t normal cost a	nd excess assets (see instruct	ions):					
	<b>a</b> Targe	et normal cost (	(line 6)			31a			0
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b			0
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Installn	nent	
	a Net s	shortfall amortiz	zation installment			3572			1571
	<b>b</b> Waiv	ver amortization	n installment			0			0
33				ter the date of the ruling letter grar) and the waived amount		33			0
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			1571
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	0		0			0
36	Additio	nal cash requir	rement (line 34 minus line 35)			36			1571
37				ontribution for current year adjusted		37			69696
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)					
	<b>a</b> Tota	I (excess, if any	y, of line 37 over line 36)			. 38a			68125
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b								
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								
40	40 Unpaid minimum required contributions for all years								
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41	41 If an election was made to use PRA 2010 funding relief for this plan:								
_	<b>a</b> Sche	edule elected				<u></u>	2 plus 7 years	15 y	ears/
	<b>b</b> Eligil	ble plan year(s)	) for which the election in line	41a was made		2008	3 2009 201	0 :	2011
42	Amoun	t of acceleratio	n adjustment			42	_	_	
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

2012

This Form is Open to Public Inspection

Part Annual Report Identification Information			10/01/0010	
or calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	
This retain report is ion.	•	an (not multiemployer)	a one-partic	cipant plan
· · · · · · · · · · · · · · · · · · ·	ne final return/report			
an amended return/report a	short plan year retur	n/report (less than 12 mo	<del></del>	
Check box if filing under: 🔀 Form 5558	utomatic extension		DFVC prog	ram
special extension (enter description)				
Part II Basic Plan Information enter all requested inform	ation			
a Name of plan			1b Three-digit plan number	
SUHAIL SHAH, MD PC DEFINED BENEFIT PLAN			(PN) ►	002
<b>50.1.1.1 5.1.1.1</b>			1c Effective date 01/01/200	•
Plan sponsor's name and address; include room or suite number (err SUHATL SHAH, MD PC	nployer, if for a single	-employer plan)	2b Employer Ide (EIN) 20-4	
			2c Sponsor's tele	
41 CARRIAGE RD			(516) 410	
			20 Business cod 621111	e (see instructions)
IS ROSLYN NY 11576  Replan administrator's name and address X Same as Plan Sponsor I	Name   Same as I	Plan Sponsor Address	3b Administrator	's EIN
Sa Plan administrator's name and address [x] Same as Plan Sponsor	Ivanie 🔛 came ao i	ian opensor rice.		
			3c Administrator	's telephone number
				·
If the name and/or EIN of the plan sponsor has changed since the la	st return/report filed t	or this plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/report.			4c PN	
Sponsor's name     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
Number of participants with account balances as of the end of the placement of the pla	an year (defined ben	efit plans do not	5c	
6a Were all of the plan's assets during the plan year invested in eligible			***************************************	X Yes No
b Are you claiming a waiver of the annual examination and report of an	n independent qualifie		PA)	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	nd conditions.)	********************************		X Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use	Form 5500.	
Caution: A penalty for the late or incomplete filing of this return/rep	ort will be assessed	l unless reasonable ca	use is established.	uliuskia a Cabadula
Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.	s, I declare that I have all as the electronic ve	e examined this return/repor	epoπ, including, if ap rt, and to the best of	my knowledge and
JAW V	10/5/12 X	Suhail Shah MD		
SIGN	Date	Enter name of individua	al signing as plan ad	ministrator
HERE: Signature of plan administrator	Date			
SIGN	Date	Enter name of individua	al signing as employ	er or plan sponsor
HERE Signature of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address; include				ne number (optional)
reparer's name (including limit hame, it applicable) and address, including	C (Coll) of Colle Hallis	(=		

Part III Financial Information								
-24.00	an Assets and Liabilities		(a) Beginning of Year				(b) End of	
a To	otal plan assets	7a	445,67	3				567,275
<b>b</b> To	otal plan liabilities	7b		0				00
C N	et plan assets (subtract line 7b from line 7a)	7c	445,67	3				567,275
	come, Expenses, and Transfers for this Plan Year		(a) Amount		2007113000	este de la constante	(b) Tota	ıl
	ontributions received or receivable from:	00(4)	75,00	0				
	) Employers	8a(1) 8a(2)		0				
	) Participants			0		2012		100000000000000000000000000000000000000
	) Others (including rollovers)	8a(3) 8b	46,60	2			7.20	
	ther income (loss)ther income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		X	467-450038	STATE OF THE PARTY	Constitution of the Consti	121,602
	enefits paid (including direct rollovers and insurance premiums	- 55				- V		
u to	provide benefits)	8d		0				
e c	ertain deemed and/or corrective distributions (see instructions)	8e		0				
f A	dministrative service providers (salaries, fees, commissions)	8f		0			10.24	
g c	her expenses							
	otal expenses (add lines 8d, 8e, 8f, and 8g)							
i N	et income (loss) (subtract line 8h from line 8c)							
j T	ansfers to (from) the plan (see instructions)							
	Plan Characteristics							
	the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare fe					·· .		
Par	Compliance Questions							
10	During the plan year:			Γ	Yes	No	Aı	nount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	***********	***************************************	10b		X		
c	Was the plan covered by a fidelity bond?	***************************************	***************************************	10c		<u>x</u>		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		***************************************	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x		
. f	Has the plan failed to provide any benefit when due under the pla	in?	***************************************	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		x	Discount of the Control	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i				
Par	t VI Pension Funding Compliance							
11	A CONTROL II and instructions and complete Schoolule SR (Form							
11a	11a Enter the amount from Schedule SB line 39							
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? Yes X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amorti	zed in this plan year, see instruc	nth _	, and (	enter t Da	he date of the	e letter ruling Year
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	*********	***************************************	•		12b		

	Form 5500-SF 2012		Page 3-	<u></u>			
					1		
C	Enter the amount contributed by the employer to the plan fo	r this plan year	*********************	******************	12c		
d	Subtract the amount in line 12c from the amount in line 12b negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be n				🔲	Yes [	□ No □ N/A
Part	VII Plan Terminations and Transfers of As	sets					
13a	Has a resolution to terminate the plan been adopted in any				☐ Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted t			**************	13a		
b	Were all the plan assets distributed to participants or benefit of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions	erred from this plan to and s.)	other plan(s), iden	ify the plan(s) to	)		•
•	13c(1) Name of plan(s):			130	(2) EIN(	s)	13c(3) PN(s)
Pari	VIII Trust Information (optional)						
	Name of trust				14b T	rust's EIN	l

.

#### **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).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

·	in belieff Guaranty Corporation	► File as an attachme	nt to Form	n 5500 or	5500-SF.			•	
	ndar plan year 2012 or fiscal p		2012		and endin	g 12	/31/2012		
	d off amounts to nearest do								
_		assessed for late filing of this report	unless reas	sonable ca		d.	<u></u>	1	
A Name	•				<b>B</b> Three-digi				
SUHAIL	SHAH, MD PC DEFINED	BENEFIT PLAN		ļ	plan numb	er (PN	) <b>&gt;</b>	002	
C Plan s	ponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer Id	entifica	tion Number (	(EIN)	244
SUHAIL	SHAH, MD PC				20	0-489	6103		
Е Туре	of plan: X Single Multiple	e-A 🔲 Multiple-B	Prior year p	olan size:∑	100 or fewer	101-5	600 More	than 500	
Part I	Basic Information					<del></del>			_
1 Ent	er the valuation date:	Month 01 Day 01	Year	2012					
2 Ass	sets:								
aN	larket value					2a		445,14	19
b A	ctuarial value					2b		445,14	19
3 Fur	iding target/participant count b	reakdown		(1) Nu	umber of participa	ants	(2)	Funding Target	_
a F	or retired participants and ben	eficiaries receiving payment	3a			0			0
bF	or terminated vested participar	nts	3b			0			0
C F	or active participants:								
	(1) Non-vested benefits	***************************************	3c(1)						0
	(2) Vested benefits	•••••	3c(2)		1,450			448,72	12
	(3) Total active	***************************************	3c(3)			1		448,72	21
dΤ	otal		3d			1		448,72	_ 21
4 If th	e plan is in at-risk status, chec	k the box and complete lines (a) and (	(b)						
		scribed at-risk assumptions				4a			050
	unding target reflecting at-risk	assumptions, but disregarding transition ve consecutive years and disregarding	on rule for p	olans that I	have been in	4b		<u> </u>	_
5 Effe		**************************************				-5		6.85 %	_
		***************************************				6		0.00 7	0
	nt by Enrolled Actuary								ŏ
accorda combin	ince with applicable law and regulations, ation, offer my best estimate of anticipate	pplied in this schedule and accompanying schedul In my opinion, each other assumption is reasonab d experience under the plan.	es, statements le (taking into	and attachme account the e	ents, if any, is complete xperience of the plan a	e and acci	urate. Each presrit nable expectations	bed assumption was applied in s) and such other assumptions	, ir
SIGN		00							
HER	aime.	X F					10/04/201	.3	_
		ignature of actuary					Date		
	DAVID PAVEL						11-02689		_
		r print name of actuary					ecent enrollme		
	APS PENSION & FI	NANCIAL SERVICES			<del></del>		.6) 228-84		_
	1000 WOODBURY RD	Firm name , STE 310			Tele	phone	number (inclu	iding area code)	
	US WOODBURY	NY 11797							
		Address of the firm			·				
If the actu instruction	ary has not fully reflected any i	regulation or ruling promulgated under	the statute	in comple	eting this schedul	e, chec	k the box and	see	_
	1 - 1 11 - 1 11 11				7500 BCCC				_

Page 2	ne 2
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Schedule SB (Form 5500) 2012

Pai	rt II Beg	ginning of Year	Carryove	er Prefunding Balances	3							
erika (Sezzako	montaventve					(a) (	Carryover balance		(b) P	refundir	ng balance	
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							0				0
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0				0
9	Amount rema	aining (line 7 minus li	ne 8)					0				0
10	Interest on lit	ne 9 using prior year's	s actual ret	urn of0_00%		0 0				0		
11	Prior year's e	excess contributions t	o be added	d to prefunding balance:	,						100	
	a Present v	alue of excess contrib	outions (line	e 38a from prior year)		5,155						
				interest rate of5,90% e						······································	3	3 <u>04</u>
	C Total avai	lable at beginning of	current pla	n year to add to prefunding ba	lance	5,45			59			
	<b>d</b> Portion of	(c) to be added to pr	efunding b	alance					5,4	59		
12	Other reduct	ions in balances due	to election	s or deemed elections				0			5,4	159
13	Balance at b	eginning of current ye	ear (line 9 +	+ line 10 + line 11d - line 12) .				0				0
Pa	irt III 📗 F	unding Percenta	ages		·							
14	No. of Control Control Control Control	<del></del>								14	99.20	%
										15	99.20	%
	5 Adjusted funding target attainment percentage										<u>%</u>	
17				is less than 70 percent of the				•••••		17		%
No STESSIONS	and section in the section is	ontributions an										
A. M. Section 15. To	DA-TH-DITEXT-HARMONICANO		<del></del>	year by employer(s) and employer	ovees:							
	(a) Date M-DD-YYYY)	(b) Amount pa	aid by	(c) Amount paid by employees	(8	a) Date (b) Amount paid by (c) Amount paid by employer(s) employees						
02,	/07/2013		75,000									
							-	<del>,</del>				
	·											
					,							
						<u></u>						
					Totals	► 18(b)		75,0	<sub>00</sub> 18(c)			0
19	Discounted of	employer contribution	s see ins	structions for small plan with a	valuatio	n date after	the beginning of th	e year:				
	a Contributi	ons allocated toward	unpaid mir	nimum required contribution fr	om prior	years		19a				0
	b Contributions made to avoid restrictions adjusted to valuation date									0		
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 69,696											
20	20 Quarterly contributions and liquidity shortfalls:											
	a Did the plan have a "funding shortfall" for the prior year?											
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 instructions and complete the following table as applicable:											
				Liquidity shortfall as of end			in year					
	(1	) 1st		(2) 2nd		(3)	3rd			(4) 4t	h	

Pa	rt V	Assumption	ons Used To Determin	e Funding Target and Targ	et Normal Cost						
21	21 Discount rate:										
	a Segment rates:		1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield curve used				
	b Applicable month (enter code)										
22	22 62										
23	Cylestitute										
	Part VI Miscellaneous items										
				ctuarial assumptions for the curren	nlan year? If "Yes " see	instruction	s regarding required				
24	Has a	a change been :	made in the non-prescribed a	ctuariat assumptions for the curren	pian year: n ree, eee		Yes X No				
25	attachment										
				e Participants? If "Yes," see instru							
26											
27				nter applicable code and see instru		27					
Pa	rt VII			um Required Contribution							
28				years		28	0				
29				ard unpaid minimum required contri		29	0				
30				contributions (line 28 minus line 29)		30	0				
	rt VII		Required Contribution								
			and excess assets (see instru								
31						31a	0				
				ın line 31a		31b	0				
				urmic Jia I I I I I I I I I I I I I I I I I I I	Outstanding Bala		Installment				
32		rtization installn				3,572	1,571				
						0	0				
33	If a v (Mor			enter the date of the ruling letter gra		33	0				
34	Tota	l fundina require	ement before reflecting carryov	er/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	1,571				
				Carryover balance	Prefunding Bala	ince	Total balance				
25	Dala	nana alaatad fa	r use to offset funding								
35			· · · · · · · · · · · · · · · · · · ·	.   o		0	0				
36						36	1,571				
	<ul> <li>36 Additional cash requirement (line 34 minus line 35)</li></ul>						69,696				
	<del> `-</del>					<u> </u>					
38			cess contributions for current			38a	68,125				
						38b	007==0				
			n line 38a attributable to use	39	0						
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						V				
40	Unp	aid minimum re	equired contribution for all year	rs		40					
Pa	ırt IX	Pension	r Funding Relief Unde	Pension Relief Act of 201	(See instructions	<u>)                                    </u>					
41			ade to use PRA 2010 funding				7 a de 7				
	a Schedule elected										
	b E	igible plan year	(s) for which the election in lin	ie 41a was made		<del>                                     </del>	08 2009 2010 2011				
42	Amo	unt of accelerat	ion adjustment			42					
	43 Excess installment acceleration amount to be carried over to future plan years										

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

#### SUHAIL SHAH, MD PC DEFINED BENEFIT PLAN

20-4896103 / 002

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 nearest birthday

New participants are not 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) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment # Year Rate %

Segment 1 0 - 5 1.99

 Segment 1
 0 - 5
 1.99

 Segment 2
 6 - 20
 5.12

 Segment 3
 > 20
 6.24

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 - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5.5%

or

12E - 2012 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

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

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - G83M - 1983 Group Annuity (male)

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, line 19 - Discounted Employer Contributions

#### SUHAIL SHAH, MD PC DEFINED BENEFIT PLAN

20-4896103 / 002

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	2/7/2013	\$75,000					
Applied to Additional Contribution	1/1/2012	52,132	49,214	0	0	5.37	0
Applied to MRC	1/1/2012	3,764	3,553	0	0	5.37	0
Applied to Quarterly Contribution	4/15/2012	4,776	4,342	0	4,776	5.37	10.37
Applied to Quarterly Contribution	7/15/2012	4,776	4,392	0	4,776	5.37	10.37
Applied to Quarterly Contribution	10/15/2012	4,776	4,443	0	4,776	5.37	10.37
Applied to Quarterly Contribution	1/15/2013	4,776	4,495	0	4,776	5.37	10.37
Totals for Deposited Contribution		\$75,000	\$70,439	\$0	\$19,104		

October 11, 2013

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

#### SUHAIL SHAH, MD PC DEFINED BENEFIT PLAN

20-4896103 / 002

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, Part V Summary of Plan Provisions

#### SUHAIL SHAH, MD PC DEFINED BENEFIT PLAN

20-4896103 / 002

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

Employer: SUHAIL SHAH, MD PC

Type of Entity - C-Corporation

**Dates:** Effective - 1/1/2007 Year end - 12/31/2012 Valuation - 1/1/2012

Top Heavy Years - 2007, 2008, 2009, 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 - 501 Vesting - 1000

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

Retirement: Normal - Anniversary date coincident with or nearest following attainment of age 62 and completion of 5 years of

participation

Early - Anniversary date nearest attainment of age 55 and completion of 5 years of service

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:

7.7% of average monthly compensation per year of participation

beginning year 1 limited to 13 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) plan actuarial equivalence interest and mortality

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

Vesting Schedule: Years Percent

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

Service is calculated using all years of service except years prior to plan effective date

# Schedule SB, Part V Summary of Plan Provisions

#### SUHAIL SHAH, MD PC DEFINED BENEFIT PLAN 20-4896103 / 002

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	2.09
Segment 2	6 - 20	4.56
Segment 3	> 20	5.50

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

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 6%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

## Schedule SB, line 32 - Schedule of Amortization Bases

#### SUHAIL SHAH, MD PC DEFINED BENEFIT PLAN

#### 20-4896103 / 002

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

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2011	52,157	Shortfall	47,278	6	8,461
	01/01/2012	80,783	Shortfall	80,783	7	12,764
Totals:				\$128,061		\$21,225