For	m 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u		nd 4065 of the Employee	e	2	2012		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058			s Open to Pu	ıblic	
Pension Be	nefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500	0-SF.	Ins	pection		
Part I		Ientification Information			0/04/				
For calenda	ar plan year 2012 or fisca				2/31/2				
A This ret	urn/report is for:			an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:		e final return/report						
	an amended return/report a short plan year return/report (less than 12 months)								
C Check	C Check box if filing under:								
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested information	on						
1a Name	•				1b	Three-digit plan number			
NORTHERN	IORTHERN WESTCHESTER INTERNAL MEDICINE PC DEFINED BENEFIT PLAN						001		
					1c	(PN) Fifective date or	f plan		
						01/01/	•		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) NORTHERN WESTCHESTER INTERNAL MEDICINE PC						Employer Identit (EIN) 13-41		er	
1872 COMMERCE ST.						2c Sponsor's telephone number 914-962-3303			
	YORKTOWN, NY 10598						d Business code (see instructions) 621111		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
		plan sponsor has changed since the last per from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN			
a Spons	or's name				4c	PN			
5a Total r	number of participants at	the beginning of the plan year			5a			10	
b Total r	number of participants at	the end of the plan year			5b			8	
		count balances as of the end of the plan			5c				
6a Were	all of the plan's assets d	luring the plan year invested in eligible a	assets? (See instruc	tions.)			X Yes	No	
		ne annual examination and report of an							
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot					× Yes	No	
		incomplete filing of this return/repor							
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well	declare that I have	examined this return/rep	oort, ir	cluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	01/06/2014	RICHARD KLEIN					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN	Filed with authorized/va	lid electronic signature.	01/06/2014	RICHARD KLEIN					
HERE	Signature of employe		Date	Enter name of individu					
THEODORE PENSION A 2001 WEST SUITE 230	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) THEODORE ANDERSEN, M.A.A.A, M.S.P.A 203-356-0306 PENSION ASSOCIATES 203-356-0306 2001 WEST MAIN STREET 203-356-0306								

7 Plan A	Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Y	'ear
a Total p	plan assets	7a	23678	6			340227
b Total p	plan liabilities	7b		0			0
C Net pla	lan assets (subtract line 7b from line 7a)	7c	23678	6			340227
B Incom	ne, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tota	
	ibutions received or receivable from:	a (1)	10000	~			
	mployers	8a(1)	10000	0			
	Participants	8a(2)		0			
	thers (including rollovers)	8a(3)	244	4			
	income (loss) income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	344	1			400444
-	fits paid (including direct rollovers and insurance premiums	00					103441
	vide benefits)	8d					
e Certai	in deemed and/or corrective distributions (see instructions)	8e					
f Admin	nistrative service providers (salaries, fees, commissions)	8f	(0			
g Other	expenses	8g		0			
h Total e	expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	ncome (loss) (subtract line 8h from line 8c)	8i			_		103441
j Transf	fers to (from) the plan (see instructions)	8j					
1				cteristic			
Part V	Compliance Questions						
-	Compliance Questions				Yes No	Am	ount
0 Durir a Was 29 (ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	he time period described in tion Program)		Yes No	Am	ount
0 Durir a Was 29 0 b Were	ing the plan year: s there a failure to transmit to the plan any participant contribut	ciary Correc ? (Do not inc?	he time period described in tion Program)			Am	iount
0 Durir a Was 29 0 b Were on lir	ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest?	ciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a	X	Am	iount
0 Durir a Was 29 (b Were on lir c Was d Did t	ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.)	iciary Correc ? (Do not inc fidelity bond,	he time period described in tion Program) lude transactions reported 	10a 10b	X X	Am	iount
0 Durir a Was 29 0 b Were on lir C Was d Did t or dis e Were insur	ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit:	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c	× × ×	Am	nount
0 Durir a Was 29 C b Were on lir C Was d Did t or dis e Were insur instru	ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth irance service or other organization that provides some or all c	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit	he time period described in tion Program) Jude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d	X X X X X	Am	iount
0 Durir a Was 29 C b Were on lir C Was d Did t or dis e Were insur insur f Has	ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth irance service or other organization that provides some or all o ructions.)	rciary Correc ? (Do not inc fidelity bond, er persons b of the benefits	he time period described in tion Program) Jude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	x x x x x x x x	Am	iount
0 Durir a Was 29 C b Were on lir C Was d Did t or dis e Were insur instru f Has g Did t h If this	ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth trance service or other organization that provides some or all c ructions.) the plan failed to provide any benefit when due under the plan	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instructi	he time period described in tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d	X X X X X X X X X	Am	iount
0 Durir a Was 29 C b Were on lir C Was d Did t or dis e Were insur insur f Has g Did t h If this 2520 i If 10	ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest' ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth trance service or other organization that provides some or all c ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits a? s of year end See instruction ne required n	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g	x x x x x x x x x x x x	Am	iount
 Durir Durir Durir Quartical Was 29 C Were on lir Was Understand Did to or dis Were insur Out to or dis Were insur Did to or dis Were insur Has Marcological Were insur Marcological Marcol	ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest' ine 10a.) is the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth irrance service or other organization that provides some or all or ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) bh was answered "Yes," check the box if you either provided th	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits a? s of year end See instruction ne required n	he time period described in tion Program)	10a 10b 10c 10d 10d 10e 10f 10g	x x x x x x x x x x x x		nount
 0 Durir a Was 29 0 b Were on lir c Was d Did t or dis e Were insur instruinstr	ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest' ine 10a.) is the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth trance service or other organization that provides some or all c ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the was answered "Yes," check the box if you either provided the perions to providing the notice applied under 29 CFR 2520.101	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction re required n I-3 ents? (If "Yes	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10g	X X X X X X X X X X X Schedule S	B (Form	Yes
0 Durir a Was 29 C b Were on lir C Was d Did ti or dis e Were insur insur f Has 2520 i If 100 exce art VI 1 Is this 5500	ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest' ine 10a.) is the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth rance service or other organization that provides some or all or ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the provide the notice applied under 29 CFR 2520.101 Pension Funding Compliance is a defined benefit plan subject to minimum funding requirement and the plan subject to minimum funding requirement the plan bare any participant subject to minimum funding requirement the plan bare any plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement of the plan bare and the plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a defined benefit plan subject to minimum funding requirement is a def	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction he required n I-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h 10h	X X X X X X X X X Schedule S	B (Form	
0 Durir a Was 29 C b Were on lir C Was d Did t or dis e Were insur instru f Has g Did t h If this 2520 i If 100 exce art VI 1 Is this 5500 1a Enter	ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest' ine 10a.) is the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth trance service or other organization that provides some or all c ructions.) the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance is a defined benefit plan subject to minimum funding requirement and line 11a below)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction he required n I-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h	X X X X X X X X X X Schedule S	B (Form	Yes []
 0 Durir a Was 29 0 b Were on lir c Was d Did t or dis e Were insur instruinstr	ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest' ine 10a.) is the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth trance service or other organization that provides some or all c ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the vas answered "Yes," check the box if you either provided the pations to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance is a defined benefit plan subject to minimum funding requirement and line 11a below)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits a of year end See instruction required n I-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h	X X X X X X X X X X Schedule S	B (Form	Yes []
0 Durir a Was 29 C b Were on lir C Was d Did ti or dis e Were insur instru f Has 2520 i If 100 exce art VI 1 Is this 5500 1a Enter 2 Is thi (If "Y a If a w grant	ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest' ine 10a.) is the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth rrance service or other organization that provides some or all c ructions.) the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the plan funding Compliance is a defined benefit plan subject to minimum funding requirement and line 11a below) er the amount from Schedule SB line 39	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits of the benefits as of year end See instruction required n I-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10d 10e 10f 10g 10h 10g cor sec ctions,	X X X X X X X X X X X X X X X X X X X	B (Form	Yes I

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	art VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Yes X No			
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to	_				
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

	SCH	EDULE SB	Single-Employe	er Defined	d Benefit	Plan	0	MB No. 1210-0110
	(Fo	rm 5500)	•••••	ial Inform				2012
		ent of the Treasury I Revenue Service	This schedule is service due to	- Charles da se	- 1' 101 - 1 Ib			2012
		artment of Labor	This schedule is required to b Retirement Income Security Ad	ct of 1974 (ERIS	SA) and section		This Fo	orm is Open to Public
		fits Security Administration fit Guaranty Corporation		venue Code (the	,			Inspection
For	calendar n	lan year 2012 or fisca	File as an attach		5500 or 5500-	-	2/31/2012	
		amounts to nearest		2		and ending	12/31/2012	
			be assessed for late filing of this repo	ort unless reaso	nable cause is	established.		
	Name of pla RTHERN W		RNAL MEDICINE PC DEFINED BEN	EFIT PLAN	В	Three-digit plan number (F	PN)	001
0								(= 11.1)
	•	or's name as shown or ESTCHESTER INTE	n line 2a of Form 5500 or 5500-SF RNAL MEDICINE PC			Employer Identil 4152356	rication Numbe	er (EIN)
Εт	ype of plan:	X Single Mult	iple-A Multiple-B	F Prior year pla	n size: 🗙 100	or fewer 10	1-500 🗌 Mo	re than 500
Pa	art I Ba	asic Information						
1	Enter the	valuation date:	Month <u>01</u> Day <u>01</u>	Year <u>2</u>	2012			
2	Assets:							
								246233
						2		246233
3	•	arget/participant coun		20	(1) Numbe	r of participants		2) Funding Target
	_		eneficiaries receiving payment				0	0
			pants	. 3 0			2	0
		ve participants:		3c(1)				0
	(1)							221843
	()						6	221843
	(-)						8	221843
4			neck the box and complete lines (a) ar					
	a Funding	g target disregarding p	prescribed at-risk assumptions				a	
	_		sk assumptions, but disregarding tran				h	
			n five consecutive years and disregare					
5	_							5.22 %
6	<u> </u>					e	5	73900
-	To the best of r accordance wit combination, of	h applicable law and regulation	n supplied in this schedule and accompanying sch ons. In my opinion, each other assumption is reaso pated experience under the plan.					
	BIGN ERE						10/0	8/2013
			Signature of actuary				Date	
THE	ODORE AN	NDERSEN, M.A.A.A.,	• •					-)2034
		Тур	be or print name of actuary			Мо	st recent enro	llment number
PEN	SION ASS	OCIATES					203	-356-0306
	1 WEST M MFORD, C	AIN STREET, SUITE : CT 06902	Firm name 230			Telepho	one number (ir	cluding area code)
			Address of the firm					
	actuary ha	s not fully reflected an	ny regulation or ruling promulgated un	der the statute i	in completing t	nis schedule, ch	eck the box ar	nd see
For F	Paperwork	Reduction Act Notic	e and OMB Control Numbers, see t	the instruction	s for Form 55	00 or 5500-SF.	Sche	dule SB (Form 5500) 2012

v. 120126

Pa	art II	Begin	ning of Year	Carryov	er Prefunding Baland	ces							
						_	(a) (Carryover balance		(b) F	Prefundi	ng bala	nce
7		-	• • •		cable adjustments (line 13 f				0				0
8				-	unding requirement (line 35				0				0
9	Amoun	t remainin	ng (line 7 minus li	ne 8)					0				0
10	Interest	t on line 9	using prior year's	s actual ret	urn of%				0				0
11	Prior ye	ear's exce	ss contributions t	o be addeo	to prefunding balance:								
	a Pres	ent value	of excess contrib	utions (line	38a from prior year)								144279
	b Interest on (a) using prior year's effective interest rate of <u>5.96</u> % except as otherwise provided (see instructions)									8599			
	C Total available at beginning of current plan year to add to prefunding balance									152878			
	d Portion of (c) to be added to prefunding balance									0			
12	12 Other reductions in balances due to elections or deemed elections 0									0			
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0							0					
P	Part III Funding Percentages												
14	14 Funding target attainment percentage								14	11	<mark>0.99</mark> %		
15	15 Adjusted funding target attainment percentage								15	11	<mark>0.99</mark> %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.							16		0.00 %				
17	If the cu	urrent valu	ue of the assets o	of the plan i	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17		%
P	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	r the plan y	ear by employer(s) and emp	oloyees:							
(N	(a) Dat 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount paie employer(s)	-	(c	(c) Amount paid by employees		
04	4/18/2013	3		100000	0								
						Totals ►	18(b)		100000	18(c)			0
19			-		tructions for small plan with								
	-				imum required contributions				19a				0
					djusted to valuation date				19b				0
20					uired contribution for current y	ear adjusted	to valuation	n date	19c				92431
20		-	utions and liquidit		s: he prior year?						Г	Yes	V No
			-								[Г	L T	X No
					y installments for the current				·····			Yes	No
	CITIN	e zua is "Y	res, see instructi	ions and co	Examplete the following table a Liquidity shortfall as of e			n vear					
		(1) 1s	t		(2) 2nd		(3)	3rd			(4) 4tl	<u>۱</u>	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and 1	Target	t Normal Cost			
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 1.99%	2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used	
	b Ap	plicable month (enter code)				21b	1	
22	Weig	hted average ret	tirement age				22	65	
23		ality table(s) (see		escribed - combined		cribed - separate	Substitut	te	
Pa	rt VI	Miscellane	ous Items	-		Ľ			
24			nade in the non-prescribed act	uarial assumptions for the c	urrent r	lan vear? If "Yes." see	instructions	regarding required	
	attac	hment				-		Yes 🛛 No	
25	Has a	a method change	e been made for the current pla	an year? If "Yes," see instru	uctions I	regarding required attac	hment	Yes 🕺 No	
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see i	instructi	ons regarding required	attachment	Yes X No	
27			o alternative funding rules, ent			0 0	27		
	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years								
28			uired contributions for all prior				28	0	
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)						29	0	
30	Rema	aining amount of	f unpaid minimum required cor	tributions (line 28 minus line	e 29)		30	0	
Ра	rt VII	I Minimum	Required Contribution	For Current Year					
31									
	a Tar	get normal cost	(line 6)				31a	73900	
	b Exc	cess assets, if ap	pplicable, but not greater than	line 31a			31b	24390	
32	Amor	rtization installme	ents:			Outstanding Bala	nce	Installment	
	a Ne	t shortfall amortiz	zation installment				0	0	
	b Wa	aiver amortizatior	n installment				0	0	
33	lf a w (Mon		approved for this plan year, en Day Year	ter the date of the ruling lette) and the waived amo	-		33	0	
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	s 31a - 3	31b + 32a + 32b - 33)	34	49510	
				Carryover balance		Prefunding balar	nce	Total balance	
35			use to offset funding						
36	Addit	tional cash requir	rement (line 34 minus line 35).				36	49510	
37	Conti	ributions allocate	ed toward minimum required co	ontribution for current year a	adjusted	to valuation date	37	92431	
38		,	ess contributions for current ye						
			y, of line 37 over line 36)				38a	42921	
	-		line 38a attributable to use of				38b	0	
39			uired contribution for current ye				39	0	
40			uired contributions for all years				40		
Ра	rt IX		Funding Relief Under F						
41	lf an e	election was mad	de to use PRA 2010 funding re	lief for this plan:					
	a Sch	hedule elected	-					2 plus 7 years 15 years	
	b Elic	gible plan vear(s)) for which the election in line	41a was made					
42			n adjustment				42		
			celeration amount to be carrie				43		

Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104			2	012	
Depertment of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and s Revenue Code (the		S(a) of		s Open to Public	
Pension Benefit Guaranty Corporation	 Complete all entries in accorda 	ance with the Instru	ictions to the Form 550	0-SF.	Iné	spection	
	lentification Information				***		
For calendar plan year 2012 or fisc		01/01/2012	and ending	12	/31/2012		
A This return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)	L	a one-particips	ent plan	
B This return/report is:	the first return/report t	he final return/report					
	🖌 an amended return/report 🛛 📋 a	a short plan year retu	im/report (less than 12 m	nonths)			
C Check box if filing under:	x Form 5558	automatic extension		L	DFVC program	n	
	special extension (enter description)	-1. ANN MILLING 1.1. 5				
	mation enter all requested inform	nation					
1a Name of plan					hree-digit lan number		
Northern Westchester	: Internal Medicine FC Def	ined Benefit :	Plan	<u> </u>	PN) ►	001	
					Effective date of 01/01/2011	plan	
2a Plan sponsor's name and add					mployer Identifi	cation Number	
Northern Westchester	Internal Medicine FC				EIN) 13-415		
1872 Commerce St.					Sponsor's teleph (914) 962-3		
	Yorktown NY 10598					see instructions)	
	a Plan administrator's name and addrasa 🕱 Same as Plan Sponsor Name 🗔 Same as Plan Sponsor Addr					IN	
				3c Administrator's telephone number			
	plan sponsor has changed since the la	st retum/report filed	for this plan, enter the	4b ⊟	IN	· · ·	
name, EIN, and the plan numb	per from the last return/report.						
a Sponsor's name				40 P	אי ו	10	
	t the beginning of the plan year			5a 5b		10 8	
	count balances as of the end of the pla			40		0	
complete this item)			*******************************	5c	Ļ		
	uring the plan year invested in eligible					XYes No	
	ne annual examination and report of ar See instructions on waiver eligibility en		ed public accountant (ICI			X Yes No	
	er line 6a or line 6b, the plan cannol						
•	r incomplete filing of this return/rep						
	er penalties set forth in the <u>ins</u> tructions						
 SB or Schedule MB completed and belief, it is true, correct, and completed 	d signed by an enrolled actuary, as we	Il as the electronic ve	arsion of this return/repor	t, and to	the best of my	knowledge and	
CONTRACTOR OF THE OWNER O		<u> </u>	Richard Klein				
Slow Signature of plan admir	internet de	Date 10/9/13	Enter name of individua	laionio	a as slan admin	introtor	
		Date 10/1/10	Richard Klein	a siði nað	y ao pian aunin	10(10(0)	
Signature of employer/r		Date /0/4/13	Enter name of individua	d signing			
	me, If applicable) and address; include				and the second sec	umber (optional)	
Theodore Andersen,	•		, · · · · ·)3) 356-030		
Pension Associates	NUMPEONE AND ALTER TO			\ ⊢ ▼	, 	-	
2001 West Main Stre	2001 West Main Street						
US Stamford	US stamford CT 06902						

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

.

		X Is A			-			
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
	Tatal plan assets	7e	236,71				(0) End 0	340,227
	Total plan liabilities	7b		<u> </u>				0
	Net plan assets (subtract line 7b from line 7a)	7c	236,71	86				340,227
********	ncome, Expenses, and Transfers for this Plan Year						(b) To	/
	Contributions received or receivable from:		- 40					
Mar the second		8a(1)	100,00					
	2) Participants	8a(2)		0		-		
-	3) Others (including rollovers)	8a(3) 85	3,4	л				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						102 441
	Benefits paid (including direct rollovers and insurance premiums	~~~				si an		103,441
	o provide benefits)	8d				29.		
e	Certain deemed and/or corrective distributions (see instructions)	8e			100000	8 M W. W.		
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f	***************************************	0				
	Other expenses	8g		Q				
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
A	Net income (loss) (subtract line 8h from line 8c)	8i		Nianyi sulwa	×.			103,441
	Fransfers to (from) the plan (see instructions)	8j			2.97.82			
	N. Plan Characteristics							
_9a∣∃	f the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	ic Cod	es in ti	he instructio	ons:
	1A 1D		·····					
b i	f the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Characte	eristic	Code.	s in the	e instructior	15;
	• \$2094.04:1997	*****	*****	*****				
<u>era</u>	Compliance Questions							
<u>10</u>	During the plan year:			T	Yes	No	A	mount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidue	slary Corre	ction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
Č	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 or dishonesty?			10d		x		
ė	Were any fees or commissions paid to any brokers, agents, or oth							
	Insurance service or other organization that provides some or all o	of the bene	fits under the plan? (See	40-		x		
		-0		108				
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 a	s of year e	nd.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	· · · ·		10h		x		
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
<u>í t</u> í	We Pension Funding Compliance			۸	L	k		tent teleformi teleformi de la constant de la const
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							🗶 Yes 🛄 No
11a	Enter the amount from Schedule SB line 39					11a	I	Ô
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code a	or sec	otion 3	02 of E	RISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)					
â	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	ng amortiza	ed in this plan year, see instruct					e letter ruling Year
lfy	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<u>b</u>	Enter the minimum required contribution for this plan year					125	-	

Ċ	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 🗌	<u>No N/A</u>			
ESCIA.	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		əs 🖾 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 or of the PBGC?			Yes X No			
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s); 13c	(2) EIN(s)	13c(3) PN(s)			
F ad	Trust Information (optional)						
14a I	Name of trust	14b Trust's EIN					

Schedule SB, line 19 -

Discounted Employer Contributions

Northern Westchester Internal Medicine PC Defined Benefit Plan

13-4152356 / 001

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

Valuation Date: 1/1/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	4/18/2013	\$100,000					
Applied to Additional Contribution	1/1/2012	45,840	42,921	0	0	5.22	0
Applied to MRC	1/1/2012	9,600	8,989	0	0	5.22	0
Applied to Quarterly Contribution	4/15/2012	11,140	9,955	0	11,140	5.22	10.22
Applied to Quarterly Contribution	7/15/2012	11,140	10,070	0	11,140	5.22	10.22
Applied to Quarterly Contribution	10/15/2012	11,140	10,188	0	11,140	5.22	10.22
Applied to Quarterly Contribution	1/15/2013	11,140	10,308	0	11,140	5.22	10.22
Totals for Deposited Contribution		\$100,000	\$92,431	\$0	\$44,560		

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

Northern Westchester Internal Medicine PC Defined Benefit Plan

13-4152356 / 001

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

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

Schedule SB, Part V Summary of Plan Provisions

Northern Westchester Internal Medicine PC Defined Benefit Plan

13-4152356 / 001

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

Employer: Type of Entity -						
	EIN: 13-4152356 TIN: 27-4284295 Plan #: 001 Plan Type: Defined Benefit					
<u>Dates:</u>	Effective - 1/1/2011 Year end - 12/31/2012 Valuation - 1/1/2012 Top Heavy Years - 2012 Valuation - 1/1/2012					
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union					
	Minimum age - 21 Months of service - 12					
Hours Required for -	Eligibility - 1000 Benefit accrual - 500 Vesting - 1000					
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction					
	Attainment of age 65 and completion of 10 years of participation Not provided					
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive years of service Highest 5 consecutive top heavy years of participation					
Plan Benefits: Retirement -	Derived from the graded benefit formula below rounded to the nearest dollar:					
	Employee Classification Benefit Formula					
	001 not less than 5.126% of average monthly compensation per year of service limited to 10 year(s)					
Accrued Benefit -	Unit credit based on service. Service prior to 1/1/2009 is excluded					
	Minimum Benefit - None					
	Maximum Benefit - None					
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum					
Death Benefit -	Present Value of Accrued Benefit					
Top Heavy Minimum:	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$200,000					
	Maximum 401(a)(17) compensation - \$250,000					
Normal Form:	Life Annuity					
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit					
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

Schedule SB, Part V Summary of Plan Provisions

Northern Westchester Internal Medicine PC Defined Benefit Plan

13-4152356 / 001

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

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

<u>417(e):</u>

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

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

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Northern Westchester Internal Medicine PC Defined Benefit Plan

13-4152356 / 001

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

Valuation Date:	1/1/2012					
Funding Method:	As prescribed in IRC Section 430					
Age	- Eligibility age at last birthday and other ages at last birthday					
	New participants are included in current year's valuation					
	- Highest 3 consecutive years of service					
Form of Payment	 Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum 					
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 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 - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A) at 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 Assumption	<u>ns:</u>					
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 - U84 - 1984 Unisex					
Permissively Aggregated Plans -						
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	Single-Employer	_	OMB No. 1210-0110						
(Form 5500)	Actuaria		0040						
Department of the Treasury Internal Revenue Service	2012								
Department of Labor	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								
Employee Benefits Security Administration	Internal Reven				ne	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation									
For calendar plan year 2012 or fiscal p	lan year beginning 01/01/	2012		and endin	ng 12,	/31/2012			
Round off amounts to nearest do									
	e assessed for late filing of this report	unless reas	sonable ca				r		
A Name of plan				B Three-dig					
Northern Westchester Inter	nal Medicine PC Defined B	enefit	Plan	plan num	ber (PN)		001		
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer lo	lentificat	tion Number (EIN)		
Northern Westchester Inter	nal Medicine PC			1	3-415	2356			
E Type of plan: X Single Multiple	-A 🛄 Multiple-B 🛛 🖌 F i	Prior year p	lan size:	100 or fewer	101-5	00 🗌 More	e than 500		
Part I Basic Information									
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u>	Year_	2012	.					
2 Assets:							046 000		
	•••••••••••••••••••••••••••••••••••••••				2a 2b		246,233		
		•••••	T				246,233		
	reakdown eficiaries receiving payment	3a	(1) N	umber of particip	ants 0	(2)	Funding Target0		
b For terminated vested participal		3a 3b			2		0		
c For active participants:					4		U.		
• •		3c(1)	-				0		
							221,843		
(-)					6		221,843		
d Total	•••••				8		221,843		
4 If the plan is in at-risk status, check	k the box and complete lines (a) and	(b)							
a Funding target disregarding pre-	scribed at-risk assumptions	•••••			4a				
	assumptions, but disregarding transition				4b				
	ve consecutive years and disregarding								
					5		5.22 %		
	••••••	•••••	•••••		6		73,900		
Statement by Enrolled Actuary To the best of my knowledge, the information su	pplied in this schedule and accompanying schedul	les, statements	and attachm	ients, if any, is complet	te and accu	urate. Each presrit	bed assumption was applied in		
accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assumption is reasonab ad experience under the plan.	le (taking into	account the e	experience of the plan	and reasor	hable expectations	s) and such other assumptions, ir		
SIGN	1 1								
HERE 2	h a					10/08/201	13		
S	ignature of actuary					Date			
THEODORE ANDERSE	N, M.A.A.A., MSPA					11-02034			
Туре с	or print name of actuary				Most re	ecent enrollme	ent number		
PENSION ASSOCIAT	'ES				(20)3) 356-03	306		
	Firm name			Tel	ephone	number (inclu	uding area code)		
2001 WEST MAIN S	TREET, SUITE 230								
US STAMFORD	CT 06902								
,	Address of the firm								
If the actuary has not fully reflected any	regulation or ruling promulgated under	the statute	e in compl	eting this schedu	le, chec	k the box and	see		
instructions	and OMB Control Numbers, see the				05	O charles P	o SB (Earm 5500) 2012		

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

Ра	rt II	Beginning of Year	Carryov	er Prefunding Balance	s						
						(a) (Carryover balance		(b) i	Prefundii	ng balance
7		0 0 1 ,		icable adjustments (line 13 fro				0			0
				••••••				0			0
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0
9								0			0
10				turn of0.00%				0			0
11		ar's excess contributions			•••••						
••				e 38a from prior year)				ľ			144,279
				interest rate of <u>5.96</u> % e				-			111,275
											8,599
	C Total	available at beginning of	current pla	an year to add to prefunding b	alance						152,878
	d Portic	on of (c) to be added to p	refunding b	alance	•••••						0
12	Other re	ductions in balances due	to election	s or deemed elections	•••••			0			0
13	Balance	at beginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .	•••••			0			0
Pa	art III	Funding Percent	ages								
14	Funding		-		•••••		• • • • • • • • • • • • • • • • • • • •			14	110.99 %
15			-							15	110.99 %
-	 15 Adjusted funding target attainment percentage 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 							ice	16		
current year's funding requirement								0.00 %			
			•	•	funding ta	arget, enter	such percentage	••••	••••	17	%
Pa	art IV	Contributions an	d Liquid	lity Shortfalls							
18				/ear by employer(s) and empl	-						
(M	(a) Date M-DD-YY	(b) Amount p (YY) employer		(c) Amount paid by employees) Date D-YYYY)	(b) Amount employe		'		unt paid by oyees
	/18/201	, , ,	.00,000	- 1 - 9	,	,		- (-)			- ,
					Totals	▶ 18(b)		100.0)00 18(c))	0
19	Discoun	ted employer contribution	ns see ins	structions for small plan with a	a valuation	date after	the beginning of th				-
				nimum required contribution fr			·····	19a			0
			•	idjusted to valuation date			F	19b			0
				required contribution for curre			Г	19c			92,431
20		y contributions and liquid		•							. ,
				the prior year?				•••••			Yes X No
				ly installments for the current						Г	Yes No
				-	-		,			····•	
	C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year										
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4tł	า

Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21	Discount rate:							
	a Segment rates:	1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used		
	b Annlinghia manth	1.99 %	5.12 %	6.24 %	21b			
			•••••		210	1		
					_	65		
	23 Mortality table(s) (see instructions) I Prescribed - combined Prescribed - separate Substitute							
Pa	rt VI Miscellane	eous items						
24	•		uarial assumptions for the current					
- 25								
			an year? If "Yes," see instructions					
					attachmer	nt Yes X No		
27		-	er applicable code and see instru		27			
De								
		•	m Required Contribution		00			
					28	0		
29			unpaid minimum required contrib		29	0		
30			tributions (line 28 minus line 29)		30	0		
		Required Contribution	· · · · · · · · · · · · · · · · · · ·					
31		nd excess assets (see instructi						
	3	,	,		31a	73,900		
	_		line 31a		31b	24,390		
22	Amortization installm			Outstanding Bala		Installment		
					0	0		
					0	0		
				- (0	0		
- 33			ter the date of the ruling letter gra) and the waived amount .		33	0		
34	Total funding requirer	nent before reflecting carryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	49,510		
			Carryover balance	Prefunding Bala	nce	Total balance		
35	Balances elected for	use to offset funding						
36	•				36	49,510		
			ontribution for current year adjuste			,		
•.	(1) (0)		•••••		37	92,431		
38	Present value of exce	ess contributions for current ye	ar (see instructions)					
a Total (excess, if any, of line 37 over line 36)						42,921		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b						0		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39						0		
40 Unpaid minimum required contribution for all years								
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)				
41	If an election was mad	de to use PRA 2010 funding re	ief for this plan:					
			• • • • • • • • • • • • • • • • • • • •		[2 plus 7 years 🔲 15 years		
	b Eligible plan year(s) for which the election in line	1a was made		. 200	8 2009 2010 2011		
		,			42			
-			l over to future plan years		43			