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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	Γ	a one-partici	pant plan
	turn/report is:	the first return/report	the final return/report		_	_	
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	۱)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name		·			1b -	Three-digit	
EAST MANH	HATTAN MEDICAL SER	RVICES, PC DEFINED BENEFIT PENS	SION PLAN			plan number	
						(PN) ▶	001
					1c	Effective date o	
0						01/01	
2a Plan s EAST MANI	ponsor's name and add HATTAN MEDICAL SEF	dress; include room or suite number (en RVICES, PC	nployer, if for a single-	employer plan)			fication Number 09837
					2c S	Sponsor's telep	
3 EAST 83R NEW YORK	RD STREET, 2ND FLR.				24 [
TIEW TOTAL	, 141 10020				20 E	Business code (62111	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b /	Administrator's	EIN
					3c /	Administrator's	telephone number
					•• /	tariii ilotrator o	
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	st return/report filed fo	or this plan, enter the			
name a Spons	e, EIN, and the plan num or's name	nber from the last return/report.		·	4c		
a Spons 5a Total	e, EIN, and the plan num cor's name number of participants a	at the beginning of the plan year			4c		6
name a Spons 5a Total b Total	e, EIN, and the plan num sor's name number of participants a number of participants a	at the beginning of the plan year			4c		6 5
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number's name number of participants a number of participants a per of participants with a	at the beginning of the plan year	lan year (defined bene	fit plans do not	4c		
name a Spons 5a Total b Total c Numb	e, EIN, and the plan numbor's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	
name a Spons 5a Total b Total c Numb comp 6a Were b Are ye	e, EIN, and the plan number of participants a number of participants a number of participants aper of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene 	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	e, EIN, and the plan number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	5
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you	e, EIN, and the plan number of participants and participants and participants and participants with a plete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF	tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	X Yes No X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you	e, EIN, and the plan number of participants and participants and participants and participants with a plete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF	tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the	e, EIN, and the plan number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF surance program (see	tions.)d public accountant (IQI and must instead use	4c 5a 5b 5c PA)	5500. Yes X No	X Yes No X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p	e, EIN, and the plan number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c Form 5 se is e oort, income 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes X No established. cluding, if applic	
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A	e, EIN, and the plan number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c Form 5 se is e oort, income 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes X No established. cluding, if applic	
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A	e, EIN, and the plan number of participants and participants and per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c Form 5 se is e oort, income 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes X No established. cluding, if applic	
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name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number of participants and participants and per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c Form 5 se is e port, inc., and to	PN 5500. Yes No established. cluding, if applice the best of my	X Yes No X Yes No Not determined Able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN	e, EIN, and the plan number of participants and participants and per of participants with a plete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c Form 5 se is e port, inc, and to	PN 5500. Yes No established. Cluding, if applic of the best of my ning as plan adm	Yes No Yes No Not determined Able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the p Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants and participants and per of participants with a plete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c 5c Form 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes No established. Cluding, if applic of the best of my ning as plan admining as employe	Yes No Yes No Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the p Caution: A Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants and participants and per of participants with a plete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c 5c Form 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed arer's telephone	Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor number (optional)
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name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE Preparer's MEL PIASE ELITE PEN 58 MARINE	e, EIN, and the plan number of participants and participants and per of participants with a plete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c 5c Form 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed arer's telephone	Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor number (optional)
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE Preparer's MEL PIASE ELITE PEN	e, EIN, and the plan number of participants and participants and per of participants with a plete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c 5c Form 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes X No Established. Cluding, if applice the best of my ning as plan admining as employed arer's telephone	Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End of Voor
_ <u>'</u> _a		7a	(a) Beginning of Yea				(b) End of Year 1418167
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	111895				1418167
8	, ,	70		•			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)	21150	0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	9491	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					306413
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	720				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7203
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					299210
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
Pai	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 Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Par	t V Compliance Questions						T
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
					Χ		100000
	Did the plan have a loss, whether or not reimbursed by the plan's			10c			100000
	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 instructions.)			10e		X	
f				10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as	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	ne required	d notice or one of the	1011			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
_ a 	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
h	Enter the minimum required contribution for this plan year	-				12b	

Page	3	- [1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🔲 Y	'es 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):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

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 2013

This Form is Open to Public Inspection

					File as	an attachr	ment to Form	5500 or	5500-	·SF.					
For	calendar p	olan year 2013	or fiscal plar	yea	r beginning 0	1/01/2013				and end	ing 12/	31/20	13		
		amounts to													
	Caution: /	penalty of \$1	,000 will be a	sses	ssed for late filing o	of this repo	rt unless reas	onable ca	use is	s establish	ed.			1	
	Name of plants		AL SERVICE	S, P	C DEFINED BENE	EFIT PENS	SION PLAN		В	Three-di	0)	•	001	
C F	Plan spons	or's name as s	shown on line	2a (of Form 5500 or 55	00-SF			D	Employer	Identifica	ation N	lumber	(EIN)	
		TTAN MEDIC								, ,	26-480			,	
Ет	ype of plar	: X Single	Multiple-A		Multiple-B	F	Prior year pl	an size:	100	or fewer	101-	500	More	than 500	
Pa	rt I B	asic Inforn	nation		_			<u> </u>			- II	<u> </u>	-1		
1		valuation date		Mc	onth	Day <u>31</u>	Year	2013	_						
2	Assets:					<u> </u>									
	a Market	value									2a				1206667
	b Actuar	al value									2b				1206667
3	Funding	target/participa	ant count brea	akdo	wn:			(1) N	lumbe	er of partic	ipants		(2)	Funding Targe	et
	a For ret	ired participan	ts and benefi	ciari	es receiving payme	ent	3a				C)			C
	b For ter	minated veste	d participants				3b				1				1380
	C For ac	ive participant	ts:												
	(1)	Non-vested b	penefits				` '	_							193402
	(2)	Vested bene	fits												625463
	(3)	Total active										1			818865
											5	5			820245
4	If the pla	n is in at-risk s	tatus, check t	he b	oox and complete li	ines (a) an	d (b)		.∐						
	a Fundin	g target disreç	garding presc	ribed	d at-risk assumptio	ns					4a				
	b Fundir at-ri	g target reflectsk status for fe	ting at-risk as ewer than five	sum con	nptions, but disrega secutive years and	arding trans d disregard	sition rule for ding loading fa	olans that actor	have	been in	4b				
5	Effective	interest rate									5				6.76 %
6	Target no	ormal cost									6				175059
;	To the best of accordance with combination, of	th applicable law a	information supp nd regulations. In	my op	this schedule and accor pinion, each other assum ence under the plan.										
	SIGN ERE												03/19/2	2014	
			Sig	natu	re of actuary				_				Date		
ED S	STEINMET	Z, E.A.							_				11-04	803	
			Type or	print	name of actuary				_		Most	recent	enrollm	nent number	
ELIT	E PENSIC	N CONSULT	ANTS						_				845-35	54-8373	
				Firr	m name					Т	elephone	numb	er (incl	uding area cod	e)
	MARINER ' NSEY, NY														
			Ac	ldres	ss of the firm				-						
	actuary ha	as not fully refl	ected any reg	ulat	ion or ruling promu	llgated und	der the statute	in comple	eting t	this sched	ule, chec	k the b	oox and	see	

Page	2	-
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Schedule SB (Form 5500) 2013

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
							(a) C	Carryover balance	;	(b)	Prefundii	ng balance
7		-	•		cable adjustments (line 13	•			0			110550
8			•	-	unding requirement (line 3				0			0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)			_		0			110550
10	Interest	t on line 9	9 using prior year's	s actual ret	urn of <u>10.40</u> %				0			11497
11	Prior ye	ear's exce	ess contributions t	o be added	to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)		_					93668
					nterest rate of 6.85 c							0
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding bala	nce	_					93668
	d Porti	on of (c)	to be added to pre	efunding ba	lance		-					93668
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 1	2)			0			215715
P	art III	Fun	ding Percenta	ages								
14	Funding	g target a	attainment percent	age							14	119.03 %
15	Adjuste	ed funding	g target attainmen	t percentag	je						15	121.23 %
16					of determining whether ca)	16	92.85 %
17	If the cu	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	ne funding ta	arget, enter s	uch percentage			17	%
P	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:						
/ N	(a) Dat IM-DD-Y		(b) Amount p		(c) Amount paid by employees		Date D-YYYY)	(b) Amount p employer		(c) Amou	nt paid by
	5/09/2014		employer				D-1111)	employer	(5)		еттріс	Dyees
00	709/2014	+		211500	0							
						1						
						1						
						1						
						Totals >	18(b)		211500	18(c)		0
19	Discour	nted emp	lover contributions	s – see inst	tructions for small plan with	a valuation	date after th	ne beginning of th		` ,	<u> </u>	
			-		imum required contribution				19a			0
	_				ljusted to valuation date		-		19b			0
					uired contribution for current				19c			211500
20			outions and liquidit			, ,						
		-		-	he prior year?							Yes X No
			_		installments for the currer						<u> </u>	Yes No
			·		emplete the following table	•	•					
			. 55, 555		Liquidity shortfall as of			n year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	b Appl	icable month (enter code)			21b				0
22	Weight	ed average ret	irement age			22				61
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	auired		
		-							Yes	X No
25	Has a r	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	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		-	years		28				0
29				l unpaid minimum required contrib		29				
30				stributions (line 20 minus line 20)		30				0
				ntributions (line 28 minus line 29)		30				0
			Required Contribution							
31			nd excess assets (see instruct	,		04 -				
-	_		·			31a				175059
			<u> </u>	line 31a		31b				168398
32		zation installme			Outstanding Bala		lı	nstallm	ent	
	_					0				0
						0				0
33				ter the date of the ruling letter grar) and the waived amount		33				0
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				6661
				Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35		_	use to offset funding							0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				6661
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				211500
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		1				
	a Total	(excess, if any	y, of line 37 over line 36)			38a				204839
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	l minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0
40	Unpaid	l minimum requ	uired contributions for all years	i		40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	dule elected	-			Г	2 plus 7 yea	rs	15	years
	b Eligib	ole plan year(s) for which the election in line	41a was made				2010	_	2011
42	Amoun	t of acceleratio	n adjustment			42	<u> </u>			
				d over to future plan years		43				

EAST MANHATTAN MEDICAL SERVICES, PC

DEFINED BENEFIT PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	. 0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	3	0	0	0	0	0	0	0	0	3
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	0	0	0	0	0	0	0	. 0	4

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age:

45.5

Average Service:

4

EAST MANHATTAN MEDICAL SERVICES, PC DEFINED BENEFIT PENSION PLAN

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

	For Funding Min Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1 4.94% 1.28%	Pre-Retirement 5.00%	Pre-Retirement 5.00%
	Seg 2 6.15% 4.05%	Post-Retirement 5.00%	Post-Retirement 5.00%
	Seg 3 6.76% 5.07%		
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Future Salary Incr	5% SALARY SCALE	None	None
Post-Retirement			
Mortality	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67
Assumed Benefit Form	For Funding	Lump Sum	
Calculated Effective Int	erest Rate	6.76%	

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.

From:

Received: 3/30/2014

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).

2013

Page 3 of 4 OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Banefit Guaranty Corporation Complete all entries in accor	dance with the Instructi	ons to the Form 5500-	SF.
Part Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning 0:	1/01/2013	and ending	12/31/2013
A This return/report is for:	a multiple-employer plan	n (not multiemployer)	a one-participant plan
B This return/report is:	the final return/report	d /lasa than 12 mar	ntha)
an amended return/report	a short plan year retum/i	eport (less than 12 mor	
C Check box if filing under: Form 5558	automatic extension		DFVC program
special extension (enter descripti	ion)		
Part II Basic Plan Information—enter all requested inform	nation		41.
1a Name of plan		l Dlan	1b Three-digit plan number
East Manhattan Medical Services, PC Define	ed Beneilt Pens:	ion Plan	(PN) • 001
			1c Effective date of plan
			01/01/2010
2a Plan sponsor's name and address; include room or suite number (East Manhattan Medical Services, PC	employer, if for a single-e	mployer plan)	2b Employer identification Number (EIN) 26-4809837
			2c Sponsor's telephone number
3 East 83rd Street, 2nd Flr.			212-734-3444
			2d Business code (see instructions)
New York NY 10028			621111
3a Plan administrator's name and address Same as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b Administrator's EIN
			3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the	a last return/report filed for	this plan enter the	4b EIN
name, EIN, and the plan number from the last return/report.	s last return report mod re-	tino pian, ornor are	THE LITE
a Sponsor's name			4c PN
5a Total number of participants at the beginning of the plan year			5a 6
b Total number of participants at the end of the plan year			5b 5
C Number of participants with account balances as of the end of the complete this item)	e plan year (defined bene	fit plans do not	5c
6a Were all of the plan's assets during the plan year invested in elig			X Yes No
h Are you claiming a waiver of the annual examination and report of	of an Independent qualifie	d public accountant (IQ)	PA)
under 29 CFR 2520 104-46? (See instructions on waiver eligibility	ty and conditions.)		М 100 Ц 100
If you answered "No" to either line 6a or line 6b, the plan car	nnot use Form 5500-SF	and must instead use	Form 5500.
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?.	Yes X No Not determined
Caution: A penalty for the late or incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is established.
Hedge consisting of periusy and other penalties set forth in the instruction	ons I declare that I have	examined this return/rea	port, including, if applicable, a Schedule
SB or Schedule MB completed and signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	, and to the best of my knowledge and
belief, it is true, correct, and complete.	R7 /2 272		
SIGN Xhete (3/28/19	PETER DISTLER	
Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
Signature of employer/plan aponsor	Date		ual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; inc			Preparer's telephone number (optional)
MEL PIASEK			845-354-8373
ELITE PENSION CONSULTANTS			
58 MARINER WAY			100 CONTROL DE CONTROL
			A ART AND A SHORT
MONSEY NY 10952 For Panerwork Reduction Act Notice and OMB Control Numbers, see the	Instructions for Form 5500-	8F.	Form 5509-SF (2013)

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		-,	(b) End	of Ye	ear	
a	Total plan assets	7a		8957	7				14	1816
b	Total plan liabilities	7b		((
С	Net plan assets (subtract line 7b from line 7a)	7c	111	8957	7	b			14	1816
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			ě	(b)	Total		
а	Contributions received or receivable from:		2.1	1500						
	(1) Employers	8a(1)	2.3	1300	2					
	(2) Participants	8a(2)			2					
	(3) Others (including rollovers)	8a(3)		94913	3					
b	Other income (loss)	8b		7471.					3	0641
- c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1				122		0011.
u	to provide benefits)	. 8d		7203	3					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		(0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		(0				1	
g	Other expenses	. 8g		(0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			-					720
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							2	9921
j	Transfers to (from) the plan (see instructions)	· 8j		(0					
	rt IV Plan Characteristics									
b	If the plan provides pension benefits, enter the applicable pension 1A 3D If the plan provides welfare benefits, enter the applicable welfare for									
D	If the plan provides we have beliefles, effect the applicable we have to	outure couet	o morn the block of that officer							
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction Program)	10a		Х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
(Was the plan covered by a fidelity bond?			10c	Х				1	0000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
(Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e		Х				
	Has the plan failed to provide any benefit when due under the pla			10f		X				
				10g		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10g		X				
		he required	notice or one of the	10i						
Par	rt VI Pension Funding Compliance									
11		nents? (If "Y	es," see instructions and con	nplete \$	Sched	lule SE	3 (Form	T	7	
	5500) and line 11a below)							. X		j No
44	a Enter the unpaid minimum required contribution for current year f					11a		T =	0	
_11			to of continu 110 of the Code	or se	ction '	302 of	ERISA?	.	Yes	X No
12				01 30	CLIOIT	302 01				
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	ble.)						atter ru	ling
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	v, as applical ing amortize	ble.) d in this plan year, see instru Mor	ctions,					etter ru ar	ling
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei	v, as applicating amortize	ble.) d in this plan year, see instru	ctions, nth	and e	enter th		f the le	etter ru ar	ling

	Form 5500-SF 2013	Page 3 -	3			
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 negative amount)		^{f a} 12d			
е	Will the minimum funding amount reported on line 12d be met by the funding			Yes	No	N/A
Part						
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	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		I	Yes	s X No	
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the	e plan(s) to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
			;-			
Part	VIII Trust Information (optional)					
	Name of trust		14b	Trust's EIN	N	

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).

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

			an attachme	ent to Form 8	5500 or	5500-SF.			
	calendar plan year 2013 or fiscal pl	an year beginning	01/01/			and endi	ng 1	2/31/20	13
•	Round off amounts to nearest do	lar.							
•	Caution: A penalty of \$1,000 will be	assessed for late filing of	f this report	unless reason	nable ca	ause is establishe	ed.		
AN	lame of plan					B Three-dig			
East Manhattan Medical Services, PC Defined					Benefit		ber (PN)		001
E	Pension Plan					plati fluiti	Del (FIN)		001
CF	Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 550	00-SF			D Employer I	dentification	Number (EII	۷)
E	East Manhattan Medical	Services, PC				26-480983		,	
Ет	ype of plan: 🏻 Single 📗 Multiple	-A Multiple-B	F	Prior year plar	size: 2	100 or fewer	101-500	More than	n 500
Pa	art I Basic Information								
1	Enter the valuation date:	Month 12 D	ay 31	Year	2012				
2	Assets:	Worth D	ay	rear	2013	_			
-									
	a Market value						2a		1206667
	b Actuarial value						. 2b		120666
3	Funding target/participant count br				(1) N	lumber of particip	ants	(2) Fur	nding Target
	a For retired participants and bene						0		
	b For terminated vested participan	ts		. 3b			1		138
	C For active participants:								
	(1) Non-vested benefits			3c(1)					193402
	(2) Vested benefits			3c(2)					625463
	(3) Total active			, ,			4		818865
	d Total			. ,			5		820245
4	If the plan is in at-risk status, check					П	3		02024.
	a Funding target disregarding pres						. 4a	à	
	b Funding target reflecting at-risk a at-risk status for fewer than five	assumptions, but disregar	ding transiti	on rule for pla	ans that	have been in	4b		
5	Effective interest rate						. 5		6.760
6	Target normal cost								6.76%
	ement by Enrolled Actuary			•••••			. 6		17505
Т	o the best of my knowledge, the information sup	oplied in this schedule and accomp	anving schedul	es statements an	d attachme	ents if any is complet	e and accurate	Each proposited	
<u>u</u>	ccordance with applicable law and regulations. I ombination, offer my best estimate of anticipated	n my opinion, each other assumpt	ion is reasonab	le (taking into acc	ount the ex	xperience of the plan a	and reasonable e	xpectations) and	such other assumptions, in
	TO THE STATE OF TH	a superiorise under the plan.							
	IGN SI CZ	+ +				2	1.0	/2	
П		enmet					//7/	2019	
		gnature of actuary				/	,	Date	
ED S	STEINMETZ, E.A.							1104803	
	Туре о	r print name of actuary					Most recen	t enrollment	number
ELIT	TE PENSION CONSULTANTS	3					845	-354-83	73
		Firm name				Tel	enhone num	her (includin	g area code)
50 N	ANDINED WAY					16	opiione nulli	ber (moluuli)	g area code)
20 IA	MARINER WAY								
MONS		952						,	
	А	ddress of the firm				_			
If the a	actuary has not fully reflected any re	gulation or ruling promulo	ated under	the statute in	comple	ting this schedule	e, check the	hox and see	П
nstruc	ctions							and occ	Ш
nstruc	ctions aperwork Reduction Act Notice ar								BB (Form 5500) 2013

	•		
age	2	+	

Pa	art II	Beginning of Year	Carryov	er Prefunding Balan	ces							
7 Balance at beginning of prior year a						(a) Carryover balance		(b) Prefu		Prefund	unding balance	
			r after appli	cable adjustments (line 13 f	from prior						1	10550
	year)							0				10550
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0				0
9								-				10550
10									0 114			
11	70								114			
				-				-		8		93668
	Present value of excess contributions (line 38a from prior year)									_		93666
	as oth	erwise provided (see in:	structions)	merest rate of	except							0
				ear to add to prefunding balar								93668
	d Portion	of (c) to be added to pr	efunding ba	lance								93668
12				s or deemed elections				0 3				0
13	Balance a	t beginning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0			2	215715
	art III	Funding Percent										
										14	110	.03 %
		funding target attainmen								15		.23 %
				of determining whether car	rvover/nrefur	nding halar	ices may be used to	o reduce		7	121	. 23 70
	current ye	ar's funding requiremen	t							16	92	.85%
17	If the curr	ent value of the assets of	of the plan is	s less than 70 percent of the	e funding targ	get, enter s	such percentage			17		%
Pa	art IV	Contributions an	d liquidit	ty shortfalls								
18	Contributi	ons made to the plan fo	r the plan ye	ear by employer(s) and emp	oloyees:							
(8.4	(a) Date	(b) Amount p		(c) Amount paid by	(a) Da		(b) Amount pai		(0		nt paid b	ру
THE RESERVE OF THE PERSON NAMED IN	IM-DD-YY			employees	(MM-DD-	YYYY)	employer(s))		employees		
	3/09/20	14	211500	0								
							7	è				
					Totals ▶	18(b)	2	11500	18(c)			0
19	Discounte	d employer contribution	s – see inst	ructions for small plan with	a valuation d	ate after th	ne beginning of the	year:				
	a Contrib	utions allocated toward	unpaid mini	mum required contributions	from prior ye	ears		19a				0
	b Contrib	utions made to avoid res	strictions ad	ljusted to valuation date				19b				0
	C Contribu	itions allocated toward m	inimum requ	ired contribution for current y	ear adjusted t	to valuation	date	19c -	21150			11500
20		contributions and liquidi										
				ne prior year?							Yes	X No
				allments for the current year						_	Yes	No
				ete the following table as ap							. 55	
				Liquidity shortfall as of e	•	of this pla	n year					
		(1) 1st		(2) 2nd	1	(3)	•			(4) 4th		

Pa	rt V	Assumption	ns Used to Determine	Funding Target and Ta	rget Normal Cost				
21	Discount rate:								
		egment rates:	1st segment: 4.94%	3rd segment: 6.76%		N/A, full yield curve used			
						21b		C	
22	Weig	hted average ret	irement age			22		61	
23	Morta	ality table(s) (see	e instructions) X Pr	escribed - combined	Prescribed - separate	Substitut	ę		
		Miscellane							
24	Has a	a change been m hment	nade in the non-prescribed ac	tuarial assumptions for the cur	rent plan year? If "Yes," see	instructions		X No	
25				lan year? If "Yes," see instruct					
				Participants? If "Yes," see ins				No	
	If the	plan is subject to	alternative funding rules, en	ter applicable code and see in	structions regarding	27			
	rt VII			um Required Contribut					
28				years		28		0	
29	(line	19a)		d unpaid minimum required co		29		0	
30	Rema	aining amount of	unpaid minimum required co	ntributions (line 28 minus line 2	29)	30		0	
Pa			Required Contribution						
31			nd excess assets (see instruc						
	7007	get normal cost (31a	175059					
				line 31a		31b	1	L68398	
32		tization installme			Outstanding Bala		Installment		
						0		0	
						0		0	
33				ter the date of the ruling letter) and the waived amou		33		0	
34	Total	funding requirem	nent before reflecting carryove	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	34	66		
				Carryover balance	Prefunding balar	nce	Total balance		
35			se to offset funding					0	
36	Additi	onal cash require	ement (line 34 minus line 35).			36		6661	
37	Contr	ibutions allocated	d toward minimum required c	ontribution for current year adju	usted to valuation date	37	21150		
38	Prese	ent value of exces	ss contributions for current ye	ar (see instructions)	•	'			
	a Tota	al (excess, if any	, of line 37 over line 36)			38a	2	04839	
	b Por	tion included in li	ne 38a attributable to use of	prefunding and funding standa	rd carryover balances	38b	à.		
	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								
		d minimum requi	ired contributions for all years			40	1	0	
Par	t IX	Pension F	unding Relief Under F	Pension Relief Act of 20	110 (See Instructions)				
41	If an e	lection was made	e to use PRA 2010 funding re	lief for this plan:					
	a Sch	edule elected					2 plus 7 years 15 ye	ears	
	b Elig	ible plan year(s)	for which the election in line	41a was made				011	
						42			
				d over to future plan years		43			

Attachment to 2013 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 26-4809837 PN: 001

EAST MANHATTAN MEDICAL SERVICES, PC DEFINED BENEFIT PENSION PLAN

Weighted Average Retirement Age Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

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 62 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 61