For	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employed				
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F					
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550)-SF.	113	pection
Part I		lentification Information		and and an 4	0/04/	2042	
_	ar plan year 2012 or fisca				0/31/	-	
	urn/report is for:			an (not multiemployer)		a one-particip	bant plan
B This ret	urn/report is:		ne final return/report				
			short plan year returr	n/report (less than 12 mo	onths	_	
C Check b	box if filing under:	Form 5558a	utomatic extension			DFVC progra	m
		special extension (enter description)					
Part II		nation—enter all requested informati	on				
	of plan S SPEECH AND REHAB				1b	Three-digit plan number	
CHILDRENC	OF LECITAND REHAD	PENSION PEAN				(PN)	001
					1c	Effective date of	f plan
						11/01/	2001
		ess; include room or suite number (emp ANGUAGE PATHOLOGY, PC	oloyer, if for a single-	employer plan)	2b	Employer Identit (EIN) 11-34	
7 NOEL LAN	E				2c	Sponsor's telep 516-827	
JERICHO, N	Y 11753				2d	Business code (62134	
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b Administrator's EIN		
		lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
a Sponso					4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		2
b Total r	number of participants at	the end of the plan year			5b		0
	· ·	count balances as of the end of the pla		•	5c		
-		uring the plan year invested in eligible					X Yes No
	•	he annual examination and report of an	`	,			
	•	See instructions on waiver eligibility an	,				X Yes No
		er line 6a or line 6b, the plan cannot					
		incomplete filing of this return/report r penalties set forth in the instructions,					able a Schodula
SB or Sche		signed by an enrolled actuary, as well					
SIGN	Filed with authorized/va	lid electronic signature.	05/28/2014	LINDA HIRSCH			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator
SIGN HERE							
	Signature of employe	r /plan sponsor ne, if applicable) and address; include i	Date	Enter name of individu			
	name (including intri har	חפ, זו מטטופאא, וווכוטטפּ מווט מטטופאא, וווכוטטפּ ו	noom of suite number	ι (οριιοπαι)	Fief		number (optional)

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	Year
a Total plan assets	. 7a	231782	1				0
b Total plan liabilities	. 7b		0				0
C Net plan assets (subtract line 7b from line 7a)	. 7c	231782	1				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al
a Contributions received or receivable from:			•				
(1) Employers	. 8a(1)		0				
(2) Participants	. 8a(2)		0	_			
(3) Others (including rollovers)	. 8a(3)		0				
b Other income (loss)	. 8b	-2774	8				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			-			-27748
to provide benefits)	. 8d	229007	3				
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f						
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)							2290073
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-	2317821
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
Part V Compliance Questions							
				Yes	No	An	nount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Correc	ction Program)	10a	Yes	No X	An	nount
a Was there a failure to transmit to the plan any participant contribu	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10a 10b			An	nount
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	uciary Correct t? (Do not inc	ction Program) clude transactions reported		Yes	х	An	nount 2000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.). 	uciary Correct t? (Do not ind fidelity bonc	ction Program) clude transactions reported	10b		х	An	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	t? (Do not ind fidelity bonc her persons l of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c		X X	An	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	t? (Do not ind fidelity bonc her persons l of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x	An	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) 	t? (Do not ind fidelity bonc her persons l of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x x	An	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not ind fidelity bonc fidelity bonc her persons l of the benefit as of year end (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e		x x x x x x x	An	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind fidelity bonc her persons l of the benefi an? (See instruct he required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g		x x x x x x x		
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind fidelity bonc her persons l of the benefi an? (See instruct he required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x		
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ott insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a N If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	uciary Correct t? (Do not ind fidelity bonc fidelity bonc her persons l of the benefit as of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X ule SB	(Form	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct t? (Do not ind indelity bonc her persons l of the benefi an? (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X ule SB	(Form	2000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or otlinsurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 	uciary Correct t? (Do not ind if fidelity bonc her persons l of the benefi an? (See instruct (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X Ule SB	(Form	2000
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 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or otlinsurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 	uciary Correct t? (Do not ind fidelity bond her persons l of the benefi an? (See instruct he required r 1-3 hents? (If "Ye g requiremen r, as applicab ng amortized	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	Schec	X X X X X X X X Ule SB 11a 802 of E	(Form	2000 X Yes [] 1 Yes X 1
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct t? (Do not ind indelity bonc her persons l of the benefi an? (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	Schec	X X X X X X X X X X X X X X X X X X X	(Form	2000 X Yes [] 1 Yes X 1 letter ruling
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct t? (Do not ind fidelity bonc fidelity bonc her persons l of the benefi as of year end (See instruct he required r 1-3 hents? (If "Ye g requiremen a applicab ng amortizec le MB (Form	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) d.) tions and 29 CFR motice or one of the es," see instructions and com ts of section 412 of the Code ole.) d in this plan year, see instruc 	10b 10c 10d 10e 10f 10g 10h 10i 0 sor see ctions, th	X Schec	X X X X X X X X X X X X X X X X X X X	(Form	2000 X Yes [] 1 Yes X 1 letter ruling

С	Enter the amount contributed by the employer to the plan for this plan year							
d	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)							
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?	X	Yes No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	he control		X Yes No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to						
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)				
Part	t VIII Trust Information (optional)			•				

14a Name of trust	14b Trust's EIN

SC	HEDULE SB	Single-Employe	er Define	d Bene	efit Plan	OMB No. 1210-0110			10
(Form 5500)		ial Inform						
	Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 of the Employee								
	Department of Labor Benefits Security Administration	Retirement Income Security A	ct of 1974 (ERI	SA) and se			This Fo	rm is Open to	Public
	Benefit Guaranty Corporation		venue Code (th	,				Inspection	
For calenda	ar plan year 2012 or fiscal p	File as an attach plan year beginning 11/01/2012		5500 or 5	and ending	10/3	31/2013		
	off amounts to nearest d		<u> </u>			, 10/0	01/2010		
Caution	: A penalty of \$1,000 will b	be assessed for late filing of this repo	ort unless reaso	onable cau	se is established	l.			
A Name of CHILDREN	plan S SPEECH AND REHAB	PENSION PLAN			B Three-digit plan numbe		•	001	
		line 2a of Form 5500 or 5500-SF NGUAGE PATHOLOGY, PC			D Employer Id 11-3463904	entifica	tion Numbe	er (EIN)	
E Type of p	lan: 🗙 Single 🗌 Multip	le-A Multiple-B	F Prior year pla	ın size: 🗙	100 or fewer	101-5	i00 Mor	e than 500	
Part I	Basic Information								
	the valuation date:	Month <u>11</u> Day <u>01</u>	Year 2	2012					
2 Assets	3:					-			
						2a			2342226
-						2b			2342226
	ng target/participant count l		2.0	(1) Nu	mber of participa			 Funding Tai 	•
_		neficiaries receiving payment				0			(
		ants	3b			0			(
	active participants:		20(1)						
•	,								0.470070
•						3			2472875
. `	,					3			2472875
		eck the box and complete lines (a) ar		Г	7	5			2472073
		,	()	L		4a			
_		escribed at-risk assumptions							
		k assumptions, but disregarding tran five consecutive years and disregar				4b			
5 Effecti	ve interest rate					5			3.53 %
6 Target	normal cost					6			0
To the best accordance		supplied in this schedule and accompanying sch s. In my opinion, each other assumption is reaso ated experience under the plan.							
SIGN									
HERE							_	2/2014	
		Signature of actuary					Date		
STEVEN I. A						N4 -)2390	
		e or print name of actuary				Most r		Iment number	
PENSION D	ESIGN SERVICES, INC.	F irm a seco						<u>501-9800</u>	
330 SOUTH MELVILLE,	I SERVICE ROAD, SUITE NY 11747	Firm name 121			I eie	epnone	number (in	cluding area c	ode)
		Address of the firm							
If the actuary instructions	has not fully reflected any	regulation or ruling promulgated un	nder the statute	in complet	ing this schedule	, check	the box ar	id see	
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see t	the instruction	s for Forn	n 5500 or 5500-9	SF.	Sche	dule SB (Forr	m 5500) 2012 v. 120126

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date.	Pa	art II Begi	inning of Year	Carryov	ver Prefunding Balan	ces							
year) 0 6238 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0 6238 9 Amount remaining (line 7 minus line 8) 0 6238 10 Interest on line 9 using prior year's actual return of 8.30% 689 11 Prior year's coces contributions to be added to prefunding balance: 241220 a Present value of excess contributions (line 38a from prior year) 241220 b Interest on line you's excess contributions (line 38a from prior year) 250772 12 Other reductions in balances due to elections or deemed elections	_						(a)	Carryover balance		(b)	Prefundin	ig baland	e:
9 Amount remaining (line 7 minus line 8)	7								0				8238
10 Interest on line 9 using prior year's actual return of	8		•	•	-								
11 Prior year's excess contributions to be added to prefunding balance: 241220 a Present value of excess contributions (ine 38a from prior year). 241220 b Intersor (a) using privar's effective interest rate of3.96% except as otherwise provided (see instructions). 2365% except . a Definition (c) to be added to prefunding balance. 0 0 12 Other reductions in balances due to elections or deemed elections	9	Amount remain	ning (line 7 minus li	ne 8)					0				8238
a Present value of excess contributions (line 38a from prior year's effective interest rate of	10	Interest on line	9 using prior year'	s actual re	turn of <u>8.36</u> %								689
b Interest on (a) using prior year's effective interest rate of	11	Prior year's ex	cess contributions	to be adde	d to prefunding balance:								
as otherwise provided (see instructions)		a Present valu	e of excess contrib	utions (line	e 38a from prior year)							2	41220
d Portion of (c) to be added to prefunding balance 260772 12 Other reductions in balances due to elections or deemed elections 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) 0 259699 Part III Funding Percentage 14 84.21 % 14 Funding target attainment percentage 15 64.21 % 15 Adjusted funding target attainment percentage 16 80.26 % 17 If the unding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 80.26 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions and by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (c) Amount paid by employer(s) (d) Amount paid by employer(s) (e) Amount paid by employer(s) (e) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount													9552
12 Other reductions in balances due to elections or deemed elections 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)		C Total availab	le at beginning of cu	rrent plan y	ear to add to prefunding bala	nce						25	50772
13 Balance at beginning of current year (line 9 + line 10 + line 12)		d Portion of (c) to be added to pr	efunding b	alance							2	50772
Part III Funding Percentages 14 Funding target attainment percentage 14 15 Adjusted funding target attainment percentage 15 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls (a) Date (b) Amount paid by (c) Amount paid by	12	Other reduction	ns in balances due	to election	s or deemed elections				0				0
14 Funding target attainment percentage 14 84.21 % 15 Adjusted funding target attainment percentage 15 84.21 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 17 8 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls (a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by (e) Amount paid by (f) Amount paid by (g) Date (b) Amount paid by (c) Amount paid by (f) Amount paid by (g) Date (h) Amount paid by (g) Date (h) Amount paid by (g) Date (h) Amount paid by (g) Cart (g) Cart (h) Amount paid by (g) Cart (13	Balance at beg	ginning of current y	ear (line 9	+ line 10 + line 11d – line 12	:)			0			2	59699
15 Adjusted funding target attainment percentage 15 8421 % 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 80.26 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 60.26 % (b) Amount paid by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (c) Amount paid by employer(s) (c) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (c) Amount paid by employer(s) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: 19a 0 20 Quarterly contributions and contribution for current year adjusted to valuation date. 19b 0 20 Quarterly contributions and isolated toward unpaid entinumu required contributions for current year made in a timely manner? Yes No b If the plan have a "funding shortfalls: 19b 0 20 Quarterly contributions and complete the following table as applicable: <	P	art III Fu	nding Percent	ages									
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 80.26 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 17 % 18 Contributions and Liquidity Shortfalls 18 (a) Date (b) Amount paid by employer(s) and employees: (b) Amount paid by employer(s) (c) Amount paid by employees	14	Funding target	attainment percen	tage							14	84	.21 %
current year's funding requirement. 10 80.26 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 17 % 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (c) Amo											15	84	. <mark>21</mark> %
Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (e) Amount paid by (f) Amount paid by (g) Amount paid by (g								80	.26 %				
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by (c) Amount paid by (m) Date (m) Date (m) Date (m) Date (m) Date (c) Amount paid by employees (m) Date (m) Date <th>17</th> <th>If the current v</th> <th>alue of the assets o</th> <th>of the plan</th> <th>is less than 70 percent of th</th> <th>e funding tar</th> <th>get, enter s</th> <th>such percentage</th> <th></th> <th></th> <th>17</th> <th></th> <th>%</th>	17	If the current v	alue of the assets o	of the plan	is less than 70 percent of th	e funding tar	get, enter s	such percentage			17		%
(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (b) Amount paid by employer(s) (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (c) Amount paid by employees (MM-DD-YY) (c) Amount paid by employees	P	art IV Co	ntributions an	d Liquic	lity Shortfalls								
(MM-DD-YYYY) Memployer(s) Memployees (MM-DD-YYYY) Memployer(s) Memployees (MM-DD-YYYY) Memployer(s) Memployer(s) Memployees Memployer(s) Memployees (MM-DD-YYYY) Memployer(s) Memployer(s) Memployer(s) Memployer(s) Memployees (MM-DD-YYYY) Memployer(s) Memployer(s) Memployer(s) Memployer(s) Memployer(s) (Memployer(s) Memployer(s) Memployer(s) Memployer(s) Memployer(s) Memployer(18	Contributions r	made to the plan fo	r the plan y	vear by employer(s) and em	ployees:							
Image: Image	(N									(/
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 20 Quarterly contributions and liquidity shortfalls: 19c 0 a Did the plan have a "funding shortfall" for the prior year? Yes No No b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 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				(0)	0	(,		/		0	,	
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 20 Quarterly contributions and liquidity shortfalls: 19c 0 a Did the plan have a "funding shortfall" for the prior year? Yes No No b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 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													
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 20 Quarterly contributions and liquidity shortfalls: 19c 0 a Did the plan have a "funding shortfall" for the prior year? Yes No No b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 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										-			
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 20 Quarterly contributions and liquidity shortfalls: 19c 0 a Did the plan have a "funding shortfall" for the prior year? Yes No No b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 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										-			
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 20 Quarterly contributions and liquidity shortfalls: 19c 0 a Did the plan have a "funding shortfall" for the prior year? Yes No No b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 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										-			
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 0 20 Quarterly contributions and liquidity shortfalls: 19c 0 a Did the plan have a "funding shortfall" for the prior year? Yes No No b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 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													
a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date			-1		Į.	Totals ►	18(b)		0	18(c)	<u> </u>		0
b Contributions made to avoid restrictions adjusted to valuation date	19	Discounted em	ployer contribution	s – see ins	structions for small plan with	a valuation of	date after t	he beginning of the	year:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 0 20 Quarterly contributions and liquidity shortfalls:		a Contribution	s allocated toward	unpaid mir	nimum required contributions	s from prior y	ears		19a				0
20 Quarterly contributions and liquidity shortfalls: Image: Contribution of the plan have a "funding shortfall" for the prior year? a Did the plan have a "funding shortfall" for the prior year? Image: Contribution of 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? Image: Contribution of the plan have a "funding shortfall" for the prior year? C If line 20a is "Yes," see instructions and complete the following table as applicable: Image: Contribution of the plan year Liquidity shortfall as of end of quarter of this plan year Image: Contribution of the plan year		b Contribution	s made to avoid re	strictions a	djusted to valuation date				19b				0
a Did the plan have a "funding shortfall" for the prior year?		C Contributions	s allocated toward m	inimum rec	uired contribution for current	/ear adjusted	to valuation	n date	19c				0
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20												
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		a Did the plan	have a "funding sh	ortfall" for	the prior year?						X	Yes	No
Liquidity shortfall as of end of quarter of this plan year		b If line 20a is	"Yes," were requir	ed quarterl	y installments for the curren	t year made	in a timely	manner?			X	Yes	No
Liquidity shortfall as of end of quarter of this plan year		C If line 20a is	"Yes," see instruct	ions and c	omplete the following table a	as applicable	:		Γ				-
(1) 1st (2) 2nd (3) 3rd (4) 4th				T	Liquidity shortfall as of e		r of this pla		-				
		(1)	1st		(2) 2nd		(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns Used to Determin	e Funding Target and	Target Normal Cost		
21	Disco	ount rate:					
	a Se	egment rates:	s: 1st segment: 2nd segment: 3rd segment: 1.72% 4.58% 5.67 9				N/A, full yield curve used
	b Ap	plicable month (enter code)			21b	1
22	Weig	hted average ret	tirement age			22	62
23		ality table(s) (see		Prescribed - combined	Prescribed - separate	Substitut	te
Ра	rt VI	Miscellane	ous Items				
24		-		actuarial assumptions for the			
25	Has a	a method change	e been made for the current	plan year? If "Yes," see instr	uctions regarding required a	ttachment	Yes 🛛 No
26		-		ve Participants? If "Yes," see			
27				enter applicable code and see	5 5	27	
Ра	rt VII			num Required Contrib		s	
28	Unpa	id minimum requ	uired contributions for all pri	or years		28	0
29				ard unpaid minimum required		23	0
30				contributions (line 28 minus lir			0
Ра	rt VIII	Minimum	Required Contribution	on For Current Year			
31	Targe	et normal cost a	nd excess assets (see instr	uctions):			
	a Targ	get normal cost ((line 6)			31a	0
	b Exc	cess assets, if ap	pplicable, but not greater that	an line 31a		31b	
32	Amor	tization installme	ents:		Outstanding E	Balance	Installment
	a Net	t shortfall amortiz	zation installment			390348	99690
	b Wa	aiver amortizatior	n installment			0	0
33	lf a w (Moni			enter the date of the ruling let) and the waived arr	• • •	33	
34	Total	funding requirer	ment before reflecting carry	over/prefunding balances (line	es 31a - 31b + 32a + 32b - 33	3) 34	99690
				Carryover balance	Prefunding b	alance	Total balance
35			use to offset funding		0	99690	99690
36	Addit	ional cash requir	rement (line 34 minus line 3	5)			0
37	Contr	ributions allocate	ed toward minimum required	contribution for current year	adjusted to valuation date	37	0
38	•	,	ess contributions for current				
							0
							0
39							
40							0
-	rt IX			Pension Relief Act of			
41	lf an e	election was mad	de to use PRA 2010 funding	relief for this plan:			
	a Sch	nedule elected					2 plus 7 years 15 years
	b Eliç	gible plan year(s)) for which the election in lir	e 41a was made			8 2009 2010 2011
42							
	2 Amount of acceleration adjustment						

Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name	CHILDREN'S	SPEECH	AND REHAB	PENSION	PLAN	EI	N:	11-3463904
Plan Sponso	or's Name	LINDA M.	HIRSCH,	MS, SPEE	CH LANGUAGE	PATHOLOGY, R	N:	001

The weighted average retirement age is equal to the normal retirement age of $\frac{62}{2}$.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2012 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

 Plan Name
 CHILDREN'S SPEECH AND REHAB PENSION PLAN
 EIN:
 11-3463904

 Plan Sponsor's Name
 LINDA M. HIRSCH, MS, SPEECH LANGUAGE PATHOLOGY,
 PN:
 001

	Dressert Visions of		<u> </u>	
	Present Value of			
	Any Remaining		Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
Shortfall	176,531	11/01/2008	3	59,850
Shortfall	38,654		4	9,912
Shortfall	(22,404)	11/01/2010	5	(4,635)
Shortfall	173,574	11/01/2011	6	30,813
Shortfall	23,993	11/01/2012	7	3,750
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Children's Speech and Rehab Pension Plan

Plan Sponsor: Linda M. Hirsch, MD, Speech Language Pathology, PC EIN: 11-3463904 PN: 001

Attachment to Schedule SB, Part V, Summary of Actuarial Assumptions

Stability Period	1 month preceding valuation date					
Actuarial Assumptions	Pre & Post Retirement					
	(A)Segment I Interest Rate1.72%Segment II Interest Rate4.58%Segment III Interest Rate5.67%					
	(B) Mortality: 2012 Combined Mortality Table for small plans (Male/Female)					
Actuarial Equivalence And Present Value of	Plan Rates					
And Present Value of Accrued Benefit	Pre Retirement					
	(A) Interest: 5.5%(B) Mortality: None					
	Post Retirement					
	(A) Interest: 5.5%(B) Mortality: GAR 94					
	Minimum 417(e) Government Rates					
	Pre and Post Retirement					
	 (A) Segment I Interest Rate .96% Segment II Interest Rate 3.57% Segment III Interest Rate 4.58% 					
	(B) Mortality: 2012 Applicable Mortality Table (Unisex)					
Assumed Lump Sum Frequency	100%					

Children's Speech and Rehab Pension Plan

Plan Sponsor: Linda M. Hirsch, MD, Speech Language Pathology, PC EIN: 11-3463904 PN: 001

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Effective Date:	November 1, 2001
Valuation Date:	November 1, 2012
Monthly Pension	 (A) 10% of monthly compensation multiplied by years of benefit service (B) Non-Shareholder participant who is a Highly Compensated Employee – 2% of monthly compensation multiplied by years of benefit service.
	-Total benefit service not to exceed 10 years.
	PLAN TERMINATED – DECEMBER 31, 2012
Eligibility Requirements	 (A) Minimum months of service: 24 (B) Minimum age: 21 (C) Maximum age: None (D) Participant enters plan on eligibility date nearest completion of eligibility requirements (E) Entry Date: November 1
Normal Retirement Age	(A) Plan anniversary nearest age 62 or 5 years of participation, if later
Amount of Insurance	Amount purchased by 66.667% of the theoretical level cost assuming investment fund only. Maximum face amount: \$1000000
Salary Averaging	(A) Average high 3 consecutive salaries(B) Average high 5 consecutive salaries
	Use historical salaries for accrual

Children's Speech and Rehab Pension Plan

Plan Sponsor: Linda M. Hirsch, MD, Speech Language Pathology, PC EIN: 11-3463904 PN: 001

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Maximum Salary	Maximum Current Salary: \$ 250000 Maximum Projected Salary: \$ 250000
Maximum Years	Maximum creditable years of service for base percent is 10 years
Type of Annuity	Life Annuity
Accrued Benefit	Fractional rule based on participation.
	Fully accrued after 10 years.
	Effective Date: November 1, 2001
	PLAN TERMINATED – DECEMBER 31, 2012
Vesting Schedule	YR. % 1 0 2 100 Vesting based upon total service
Top-Heavy Vesting Schedul	e YR % 1 0 2 100 Applies in Top-Heavy Years
Top-Heavy Status	This plan has been determined to be Top-Heavy for the current plan year.

SCHEDULE SB	Single-Em							DMB No. 12	10-0110	
(Form 5500)	Actuarial Information 2012						2			
Department of the Treasury Internal Revenue Service								201	<u> </u>	
Department of Labor	This schedule is rec Retirement Income S						This F	orm is On	en to Pub	lic
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		ternal Reven				-	This Form is Open to Public Inspection			alc
For colondor plan year 2012 as Sec. 1.		s an attachm		m 5500 o						
For calendar plan year 2012 or fiscal p Round off amounts to nearest d		11/0	1/2012		and ending]	1	0/31/20)13	
 Caution: A penalty of \$1,000 will b 		of this report	unless reas	onable ca	use is established	ł.				
A Name of plan					B Three-diait					
					plan numb				001	
CHILDREN'S SPEECH AND	REHAR PENSTON PI	. AN				- 20	. 1			
C Plan sponsor's name as shown on I					D Employer Id	ontificati	on Numł			
		00-01	1 <u>1</u> -			enuncau	UN NUML			
LINDA M. HIRSCH, MS, S	PEECH LANGUAGE I	PATHOLOG	Y, PC		11-34639	04				
E Type of plan: X Single 🗌 Multip	le-A	F I	^{>} rior year pl	an size: 🛛	100 or fewer	101-50	юПм	ore than 500)	
Part I Basic Information	·····						hman	······································		
1 Enter the valuation date:	Month 11 I	Day 1	Year	2012						
2 Assets:					на нр - то с инностьюни		<u> </u>		·····	
a Market value						2a			2,342	2,22
b Actuarial value						2b			2,342	2,22
3 Funding target/participant count t	preakdown:		·····	(1) N	umber of participa	ints		(2) Funding	g Target	
a For retired participants and ber						0				
b For terminated vested participation	ants		3b	 		0		· · · · · · · · · · · · · · · · · · ·		
c For active participants:			<u> </u>			an shi Tan		<u></u>		<u></u>
			3c(1)							
	·····			<u></u>	1. 				2,472	
d Total			3c(3) 3d			3	·· .		2,472	
4 If the plan is in at-risk status, cher			<u>.</u>	l	Π	3			2,472	1,87
a Funding target disregarding pre			,		L		<u>N</u>	<u> </u>		<u> </u>
b Funding target reflecting at-risk						<u>4a</u>				
at-risk status for fewer than	five consecutive years and	disregarding	g loading fa	ictor	nave been in	4b				
5 Effective interest rate	•••••••••••••••••••••••••••••••••••••••		••••••			5			3.!	53 %
6 Target normal cost						6				4
Statement by Enrolled Actuary										
To the best of my knowledge, the information s accordance with applicable law and regulations combination, offer my best estimate of anticipat	. In my opinion, each other assume	panying schedul ption is reasonabl	es, statements le (taking into a	and attachmi iccount the ex	ents, if any, is complete kperience of the plan an	and accur: d reasonat	ite. Each pr le expectati	escribed assun ons) and such	nption was ap other assump	plied in plions, ir
\sim	da experience under the plan,				······					·
	And the second					0/2	1.00	1		
	Signature of actuary				-	2/a	aur	۶ 		······································
TEVEN I. ALIN	signature of actuary						Dat			
	or print name of actuary				-	Most ro	14-0	liment num		
PENSION DESIGN SERVICES	. ,							01-980C		
	Firm name		<u>.</u>		- Tele			ncluding are	1101-11	
30 SOUTH SERVICE ROAD,	SUITE 121									
IELVILLE		NY 117	47							
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the actuary has not fully reflected any			the et = 1	in	tinn this and the					
										1

Part II Begi	nning of Year Carryo	ver Freitunung Dalai	ices	(a) C	arryover balance		(b)	Prefund	ing balance
	nning of prior year after app			,,	0			8,2	
	for use to offset prior year's								
9 Amount remain	ing (line 7 minus line 8)					0			8,2
10 Interest on line	9 using prior year's actual re	eturn of 8.36 %		· · · · · · · · · · · · · · · · · · ·					6
	ess contributions to be adde					i i i			
a Present valu	of excess contributions (lin	e 38a from prior year)							241,2
) using prior year's effective e provided (see instructions								9,5
C Total available	at beginning of current plan	/ear to add to prefunding bala	ance	:					250,7
d Portion of (c)	to be added to prefunding t	alance							250,7
12 Other reduction	s in balances due to electio	ns or deemed elections				0			
13 Balance at beg	nning of current year (line 9	+ line 10 + line 11d - line 1	2)			0			259,6
Part III Fur	ding Percentages								
14 Funding target	attainment percentage							14	84.21
	 Funding target attainment percentage Adjusted funding target attainment percentage							15	84.21
16 Prior year's fun current year's fu	ting percentage for purpose inding requirement	s of determining whether ca	arryover/prefur	nding baland	es may be used to re	duce		16	80.26
17 If the current va	lue of the assets of the plan	is less than 70 percent of t	he funding targ	get, enter su	ch percentage			17	
	ade to the plan for the plan (b) Amount paid by employer(s)		nployees: (a) Da (MM-DD-				(c) Amount paid by employees		
			Totals 🕨	18(b)		0	18(c)		
19 Discounted emp	loyer contributions – see ins	structions for small plan with	n a valuation d	ate after the	beginning of the year				
a Contributions	allocated toward unpaid mit	nimum required contributior	ns from prior ye	ears)			
b Contributions	made to avoid restrictions a	djusted to valuation date		••••••		2			
c Contributions	allocated toward minimum rec	uired contribution for current	year adjusted t	o valuation o	late 190	:			
20 Quarterly contril	outions and liquidity shortfall	S:				7			
	ave a "funding shortfall" for	the prior year?			• • • • • • • • • • • • • • • • • • • •			X	Yes N
a Did the plan I								_	i –
	Yes," were required quarter	ly installments for the currer	nt year made ir	n a timely m	anner?		•••••••••••••	X	Yes No
b If line 20a is "	Yes," were required quarter Yes," see instructions and c			n a timely m	anner?			X	Yes No
b If line 20a is "	Yes," see instructions and c		as applicable:		year			(4) 4th	- -

21 Discount rate: a Segment rates: 1st segment: 2nd segment: 3rd segment: Intervention a Segment rates: 1,72 % 4.58 % 5.67 % Intervention Intervention b Applicable month (enter code) b Applicable month (enter code) 21b 21b 22 Weighted average retirement age 22 23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding requartant actument.	vield curve used 1 62
1.72 % 4.58 % 5.67 % N/A, full y b Applicable month (enter code)	1
22 Weighted average retirement age 22 23 Mortality table(s) (see instructions) Image: Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required	
22 Weighted average retirement age 22 23 Mortality table(s) (see instructions) Image: Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required	62
23 Mortality table(s) (see instructions) Image: Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required	· · · · · · · · · · · · · · · · · · ·
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding requ	
	ired
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	Yes X No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	Yes X No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding 27 attachment 27	Reference of the second se
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years 28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	0
Part VIII Minimum Required Contribution For Current Year	
31 Target normal cost and excess assets (see instructions):	
a Target normal cost (line 6)	0
b Excess assets, if applicable, but not greater than line 31a	
32 Amortization installments: Outstanding Balance Inst	allment
a Net shortfall amortization installment	99,690
b Waiver amortization installment	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34	99,690
	balance
35 Balances elected for use to offset funding	
requirement	99,690
36 Additional cash requirement (line 34 minus line 35)	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37 (line 19c) 37	0
38 Present value of excess contributions for current year (see instructions)	
a Total (excess, if any, of line 37 over line 36)	0
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)	0
40 Unpaid minimum required contributions for all years 40	0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	
41 If an election was made to use PRA 2010 funding relief for this plan:	
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	15 years
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	15 years 010 2011

Page 3