Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	• •	Complete all entries in accordance	ance with the instruc	ctions to the Form 550	JU-5F.		
Part I	_	Identification Information					
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This	return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 m	nonths)	1	
C Chec	k box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	1)				
Part I	Basic Plan Info	rmation—enter all requested information	tion				
1a Nar	ne of plan	-			1b	Three-digit	
FREEPOI	RT PAIN MANAGEMENT	-				plan number	004
					10	(PN) FEEFECTIVE date or	001
					10	01/01/	
	n sponsor's name and ad RT PAIN MANAGEMENT	dress; include room or suite number (en Γ MEDICAL PC	nployer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
	OMBARDO AVE					201-304	4-4147
FREEPO	RT, NY 11520				2d	Business code (62111	see instructions)
3a Plai	administrator's name ar	nd address 🗵 Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					30	Administrator's t	telephone number
					30	Administrators	lelepriorie riurribei
		e plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
	ne, Ein, and the pian nur nsor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			- 5a		6
b Tot	al number of participants	at the end of the plan year			5b		6
	· ·	account balances as of the end of the pl	•	•	5c		
		s during the plan year invested in eligible			- 1		X Yes No
		f the annual examination and report of a					
		? (See instructions on waiver eligibility a					X Yes No
		ither line 6a or line 6b, the plan canno					1
C If th	e plan is a defined benef	it plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes X No	Not determined
Caution	: A penalty for the late	or incomplete filing of this return/repo	ort will be assessed	unless reasonable ca	use is	established.	
		her penalties set forth in the instructions					
	chedule MB completed ar is true, correct, and comp	nd signed by an enrolled actuary, as wel plete.	I as the electronic vers	sion of this return/repor	rt, and f	to the best of my	knowledge and
SIGN	Filed with authorized/	valid electronic signature.	08/06/2014	NIDIA CARRERO ME)		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ıning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual sig	ning as employe	er or plan sponsor
Prepare	's name (including firm n	name, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)
					1		

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Vo	ar		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella		57455		
	Total plan liabilities	7b							01 100		
	Net plan assets (subtract line 7b from line 7a)	76 7c	4131	3					57455		
	Income, Expenses, and Transfers for this Plan Year	70					(b) T				
	Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)	1599	0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	15	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	16142		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	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)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i							16142		
j	Transfers to (from) the plan (see instructions)	8j									
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 Char	acteris	tic Co	des in	the instruct	ions:			
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 4B										
Par	Part V Compliance Questions										
	10 During the plan year: Yes No Amount										
a		tions withi	n the time period described in					AIIIO	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service, or other organization that provides some or all					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount 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							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part											
11											
110	Enter the unpaid minimum required contribution for current year fr					11a		^	. 50	Ш	0
	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAG		Yes	Y	No
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction (ou≥ of	EKISA?		168	^	INO
	(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 beir			ctions	and 4	enter th	l ne date of th	ne let	ter rul	ina	
	granting the waiver.	-			unu t	Day		Year		9	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
raye	J	

Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?	[Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ntrol		Yes	X No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)				
3c(1) Name of plan(s): 13c	(2) EII	N(s)	13c(3)	PN(s)
VIII Trust Information (optional)				
Name of trust	4b Tru	ust's EIN		
1 1	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)	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)	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)	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). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3)

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).

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OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		•				File as a	an attach	nment to Form	5500 or	5500	-SF.					
For c	alendar p	olan year 201	13 or fisca	ıl plan ye	ear b	eginning 0	1/01/2013	3			and end	ing 12	/31/20	13		
		amounts to			esse	ed for late filing o	of this rep	ort unless reas	onable ca	use i	s establish	ed.				
A Na	me of pla						·			В	Three-di	git))	001	
C Pla	an spons	or's name as	shown or	n line 2a	a of F	Form 5500 or 55	00-SF			D	Employer	Identific	ation N	lumber	(EIN)	
FREE	PORT P	AIN MANAG	EMENT N	MEDICA	AL PC							26-45	13707			
Етур	oe of plan	: X Single	Mult	tiple-A	_ N	/lultiple-B		F Prior year pl	an size: 🕽	100	or fewer	101-	500	More	than 500	
Par	t I B	asic Infor	mation													
1		valuation da			Nonth	n	Day	Year		_						
2	Assets:															
	a Market	value										2a				40733
	b Actuari	al value										2b				40733
3	Funding	target/partici	pant coun	t break	down	1:			(1) N	lumbe	er of partic	ipants		(2)	Funding Targ	get
;	a For ret	ired participa	ants and b	eneficia	aries	receiving payme	ent	3a					0			C
İ	b For ter	minated ves	ted partici	pants				3b				1	2			5352
(C For act	ive participa	nts:													
	(1)	Non-vested	benefits .					. ,								1677
	(2)	Vested ber	efits													108807
	(3)	Total active	·										4			110484
(d Total							3d					6			115836
4	If the pla	n is in at-risk	status, ch	neck the	box	and complete li	nes (a) aı	nd (b)								
;	a Fundin	g target disr	egarding p	prescrib	ed at	t-risk assumptior	าร					4a				
	b Fundin at-ri	g target refle sk status for	ecting at-ri fewer tha	isk assu In five co	ımpti onse	ons, but disrega cutive years and	rding trar d disregar	nsition rule for rding loading fa	olans that actor	have	been in	4b				
5	Effective	interest rate										5				6.37 %
6	Target no	ormal cost										6				0
To accord	the best of cordance wi	th applicable law	he information	ons. In my	opinio	s schedule and accom on, each other assump e under the plan.										
				Signat	ture o	of actuary				_	-			Date		
JOHN	GARIGL	IANO												14-03	634	
			Тур	oe or pri	int na	ame of actuary				_		Most	recent	enrollm	nent number	
FORE	ST HILLS	S PENSION	SERVICE	S										631-87	70-6824	
				F	irm n	name					Т	elephone	e numb	er (incl	uding area co	ode)
	ROADH(/ILLE, N)	OLLOW RD ′ 11747														
				Addr	ess	of the firm				_						
If the a	ctuary ha	as not fully re	eflected ar	ny reaula	ation	or ruling promu	lgated un	der the statute	in comple	etina 1	this sched	ule, chec	k the b	ox and	see	П
instruc				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 3	J					-,				Ш

Page 2	2 -	1
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Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances						
						-	(a) (Carryover balance	Э	(b) [² refundi	ng balance
7		•	0 ,		cable adjustments (line 13 fr	•			0			0
8			•	-	unding requirement (line 35				0			0
9									0			0
10					urn of0.00 %							
11					I to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							9059
					nterest rate of%					640		
C Total available at beginning of current plan year to add to prefunding balance								9699				
	d Portio	on of (c)	to be added to pre	funding ba	lance							0
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											0
Pa	art III	Fun	ding Percenta	ages								
14	Funding	•									14	35.16 %
	15 Adjusted funding target attainment percentage										15	35.16 %
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	If the cu	ırrent val	ue of the assets o	f the plan is	s less than 70 percent of the	funding tai	get, enter s	such percentage.			17	35.16 %
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contribu			•	ear by employer(s) and emp	loyees:						
	(a) Date M-DD-Y	е	(b) Amount pa employer(aid by	(c) Amount paid by employees	(a) [(MM-DD		(b) Amount p employer		(0	c) Amou	nt paid by byees
02	/25/2014			704		07/07/20)14		500			
04	/25/2014			17								
05	/20/2014			6500								
05	/29/2014			14								
06	/12/2014			2680								
06	/17/2014			5576								
						Totals ▶	18(b)		15991	18(c)		0
19	Discoun	ited emp	loyer contributions	s – see inst	ructions for small plan with a	a valuation	date after th	he beginning of th	ne year:			
	a Contr	ibutions	allocated toward ι	unpaid min	imum required contributions	from prior y	/ears		19a			0
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contr	ibutions a	allocated toward mi	nimum requ	uired contribution for current ye	ear adjusted	to valuation	n date	. 19c			14285
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for t	he prior year?						X	Yes No
	b If line	20a is "	Yes," were require	ed quarterly	installments for the current	year made	in a timely	manner?				Yes X No
	C If line	20a is "	Yes," see instruction	ons and co	mplete the following table as	s applicable	:					<u> </u>
					Liquidity shortfall as of er	nd of quarte	r of this pla	ın year				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21	Discou			0 0								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %		N/A, full yi	eld curve	used			
	b Appl	licable month (enter code)			21b			0			
22	Weight	ted average ret	tirement age			22			62			
23	Mortali	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	ute					
Pa	rt VI	Miscellane	ous Items									
24		-		uarial assumptions for the current				_	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	attachmen	t	Yes	X No			
27		•	•	er applicable code and see instruc	tions regarding	27						
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years							
28	Unpaid	l minimum requ	uired contributions for all prior	years		. 28			0			
29			contributions allocated toward		29			0				
30	Remaii	ning amount of	funpaid minimum required cor		30			0				
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Target	normal cost a	nd excess assets (see instruct	ions):								
	a Target normal cost (line 6)											
	b Excess assets, if applicable, but not greater than line 31a											
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Insta	llment				
	a Net s	shortfall amortiz	zation installment			75103			13511			
	b Waiv	ver amortization	n installment			0			0			
33	If a wai (Month			ter the date of the ruling letter grar) and the waived amount		33						
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			13511			
				Carryover balance	Prefunding bala	nce	Total t	palance				
35			use to offset funding	0		0			0			
36	Additio	nal cash requir	rement (line 34 minus line 35).			36			13511			
37				ontribution for current year adjuste		37			14285			
38	Presen	nt value of exce	ess contributions for current ye	ar (see instructions)			,					
	a Total	l (excess, if any	y, of line 37 over line 36)			38a			774			
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b											
39												
40	Unpaid			5		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	edule elected				<u></u> [2 plus 7 years	<mark>X</mark> 15 y	ears			
	b Eligib	ble plan year(s) for which the election in line	41a was made		200	08 2009 20)10 X 2	2011			
42	Amoun	t of acceleratio	n adjustment			42						
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43						

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

For called participants and beneficial series receiving payment. 3	File as an attachn		m 5500 or 550				······
Name of plan		01/2013		and end	ng	12/3	31/2013
A Name of plan B Three-digit plan number (PN) ▶ 0.01							
Prespect Pain Management Prespect Pain Management Prespect Pain Management Prespect Pain Management Medical PC Prespect Pain Management Prespect P		unless reas	onable cause i	is establish	ed.		
Preseport Pain Management Preseport Pain Management Medical PC 26-4513707	A Name of plan		В	Three-dig	jit		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PErceport Pain Monagement Medical PC E Type of plan: Single Multiple A Multiple B E Type of plan: Single Multiple A Multiple B E Type of plan: Single Multiple A Multiple B E Type of plan: Single Multiple A Multiple B E Type of plan: Single Multiple A Multiple B E Thor the valuation date: Month 1 Day 1 Year 2013 E There the valuation date: Month 1 Day 1 Year 2013 E There the valuation date: Month 1 Day 1 Year 2013 E There the valuation date: Month 1 Day 1 Year 2013 E The third graph plan is graph and included the single Multiple B Single Mult				plan num	ber (PN)	▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)	Freeport Pain Management		***	122			
Presport Pain Management Medical PC 26-4513707			D		1 d = - 10F = - 10 -		— I. I.
E Type of plans Single Multiple-A Multiple-B F Prior year plan sizo: 100 or fewer 101-500 More than 500	Than sponsors traine as shown or the 2a of Form 5500 of 5500-55			Employer	identificatio	n Number (EIN)
Part I Basic Information 1 Enter the valuation date: Month Day 1 Year 2013 2 Assets: 24 40,733 3 Funding target planticipant count breakdown: 40 40,733 3 Funding target planticipants and beneficiaries receiving payment. 3a 0 0 0 0 0 0 For terminated vested participants: 3b 2 5,352 C For active participants: 3c 3c(1) 1,677 (2) Vested benefits 3c(2) 10,677 (3) Total active. 3c(2) 10,677 (3) Total active. 3c(2) 10,677 (4) Vested benefits 3c(2) 10,677 (5) Vested benefits 3c(2) 10,677 (6) Total active. 3c(2) 10,677 (7) Vested benefits 3c(2) 10,677 (8) Total active. 3c(2) 10,677 (9) Vested benefits 3c(2) 10,677 (10) Vested benefits 3c(2) 10,677 (11) Vested benefits 3c(2) 10,677 (12) Vested benefits 3c(2) 10,677 (3) Total active. 3c(2) 10,677 (4) If the plan is in at-risk status, check the box and complete lines (a) and (b) 10,677 a Funding target effective participants: 44 b Funding target effective participants: 5c 40,677 b Funding target effective participants: 5c 40,677 c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6,37 % c For active participants: 5c 5 6 6 6 0 0 c For active participants: 5c 5				26-4513	707		
1 Enter the valuation date: Month Day 1 Year 2013	E Type of plan: X Single Multiple-A Multiple-B	Prior year pl	an size: 🛛 100	or fewer	101-500) More ti	nan 500
2 Assets: a Market value	Part I Basic Information						***************************************
Assets: a Marketi value	1 Enter the valuation date: Month 1 Day 1	Year	2013				
b Actuarial value							
b Actuarial value	a Market value				22		40 722
Funding target/participants count breakdown: a For retired participants and beneficiaries receiving payment. a For retired participants and beneficiaries receiving payment. b For terminated vested participants. C For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active. 3c(2) 4 110, 484 d Total. 5 10 June 1 J							
a For retired participants and beneficiaries receiving payment. B For terminated vested participants. C For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active. (3) Total active. (3) Total active. (4) If the plan is in at-risk status, check the box and complete lines (a) and (b). (5) Effective interest rate to the consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. (5) Target normal cost. (6) Target normal cost. (7) Total benefits. (8) The status for fewer than five consecutive years and disregarding loading factor. (8) Target normal cost. (9) Target normal cost. (1) Non-vested benefits. (9) Vested benefits. (1) Non-vested benefits. (2) Vested benefits. (3) Total active. (3) Total active. (3) Total active. (4) Target normal cost. (5) Effective interest rate . (6) Target normal cost. (7) Target normal cost. (8) Target normal cost. (9) Target normal cost. (9) Target normal cost. (1) Total status for fewer than five consecutive years and disregarding loading factor. (1) Total status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding total plans that have been in at-risk status for fewer than five consecutive years and disregarding total plans that have been in at-risk status for fewer than five consecutive years and disregarding total plans that have been in at-risk total factor interplated consecutive years and disregarding total plans that have been in at-risk total factor interplated consecutive years and disregarding total plans that have been in at-risk total plans that have been i			i				
b For terminated vested participants. C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active. (3) Total active. (4) Total active. (5) Total active. (6) Total active. (7) Total active. (8) Total active. (9) Total active. (10) Total active. (11) Total active. (12) Vested benefits. (13) Total active. (14) Total active. (15) Total active. (16) Total active. (17) Total active. (18) Total active. (19) Total active. (10) Total active.	3 - 3 - 4	20	(1) Numbe	er of partici		(2)	
c For active participants: (1) Non-vested benefits 3c(1) 1,677 (2) Vested benefits 3c(2) 108,807 (3) Total active 3c(3) 4 1110,484 d Total 3d 6 1115,836 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 115,836 5 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 115,836 5 Effective interest reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 5 6 6.37 % 6 Target normal cost 5 6 0.37 % To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accourate. Each prescribed assumption was applied in the continention, offer my best ostimated of antiquence under the plan. SIGN HERE							
(1) Non-vested benefits 3c(1) 1,677 (2) Vested benefits 3c(2) 108,807 (3) Total active 3c(3) 4 110,484 d Total 6 1 110,484 d Total 6 1 115,836 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 6 115,836 5 Funding target disregarding prescribed at-risk assumptions 4 4 4 4 5 5 6 6 115,836 6 Target normal cost 5 6 6 7 6 6 7 6 6 7 6 6 7 6 6 7 6 7 6 6 7 6 7 6 7 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		. <u>3D</u>		177	2		5,352
(2) Vested benefits 3c(2) 108,887 (3) Total active 3c(3) 4 110,484 d Total 6 1015,836 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 115,836 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 115,836 5 Effective interest rate 5 6 6.37 % 6 Target normal cost 6 6 0 Statement by Enrolled Actuary 7 10 the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, diet my best statement of anticipations and such other assumptions, in combination, diet my best statement of anticipation was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, diet my best statement of anticipations and such other assumptions, in combination, diet my best statement of anticipation was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience under the experience under the plan and reasonable expectations) and such other assumptions, in combination, diet my best statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion accordance with applicable law and regulations and accurate the experience under	•	- (4)		1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		
(3) Total active		· · · · · · · · · · · · · · · · · · ·	e et e jajok		_		1,677
d Total							108,807
4 if the plan is in at-risk status, check the box and complete lines (a) and (b)					4		110,484
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	d Total	. 3d			6		115,836
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 5 6.37 % 6 Target normal cost 6 6 0 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, ofter my best ostimate of anticipated experience under the plan. SIGN Signature of actuary Date 14-03634 Type or print name of actuary Most recent enrollment number 14-03634 Type or print name of actuary Most recent enrollment number 14-03634 Firm name Telephone number (including area code) Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	4 If the plan is in at-risk status, check the box and complete lines (a) and ((b)					
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 5 6.37 % 6 Target normal cost 6 6 0 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, ofter my best ostimate of anticipated experience under the plan. SIGN Signature of actuary Date 14-03634 Type or print name of actuary Most recent enrollment number 14-03634 Type or print name of actuary Most recent enrollment number 14-03634 Firm name Telephone number (including area code) Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	a Funding target disregarding prescribed at-risk assumptions				4a	**************************************	
at-risk status for fewer than five consecutive years and disregarding loading factor							
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable lew and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature plactuary Date 14-03634 Type or print name of actuary Forest Hills Pension Services (631) 870-6824 Firm name Telephone number (including area code) Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	at-risk status for fewer than five consecutive years and disregarding	g loading fa	ctor		4b		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable leav and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE	5 Effective interest rate	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5		6.37 %
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 14-03634 Type or print name of actuary Most recent enrollment number Forest Hills Pension Services (631) 870-6824 Firm name Telephone number (including area code) Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	6 Target normal cost	**************			. 6		
SIGN HERE Signature of actuary John GarigLano Type or print name of actuary Forest Hills Pension Services Firm name NY 11747 Address of the firm Address of the firm Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see							
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Signature of actuary John Garigitano Type or print name of actuary Forest Hills Pension Services Firm name Telephone number (including area code) Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				· janu	1/2/		
John Garig Jano Type or print name of actuary Most recent enrollment number Forest Hills Pension Services (631) 870-6824 Firm name Telephone number (including area code) Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	/pople of you				1 20/1	7	
Type or print name of actuary Forest Hills Pension Services Firm name 200 Broadhollow Rd Melville Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see							
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Firm name 200 Broadhollow Rd Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					Most rec	ent enrollme	nt number
Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Forest Hills Pension Services				(63	31) 870-	-6824
Melville NY 11747 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				Te	lephone nu	mber (includ	ding area code)
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	SOO DEDUCATION KO						
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Melville NY 117	747					
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions							
instructions	If the actuary has not fully reflected any regulation or ruling promulacted and	the statut	in completter (الداداد المام			
	instructions	are statute	in completing t	ins schedu	e, GHECK IN	e box and s	ee <u></u>

Pa	art II Begi	inning of Year	Carryov	er and Prefunding Ba	alances						
_						(a)	Carryover balance		(b)	Prefundi	ing balance
7				icable adjustments (line 13 f				0			0
8	Portion elected	for use to offset pr	ior vear's f	unding requirement (line 35	from						
	prior year)			***************************************		1		0			0
9	Amount remain	ning (line 7 minus lir	ne 8)					0			0
10	Interest on line	9 using prior year's	s actual ref	urn of ^{0,00} %	1+11++14+++++++						
11	Prior year's ex	cess contributions t	o be added	d to prefunding balance:							
				38a from prior year)		ļ., ;					9,059
		a) using prior year's se provided (see ins		interest rate of 7.07 %							640
	c Total availabl	e at beginning of cur	rent plan ye	ear to add to prefunding balan	ice						9,699
d Portion of (c) to be added to prefunding balance									0		
12	Other reduction	ns in balances due	to election:	s or deemed elections				0			- 0
13	Balance at beg	inning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)			0			0
i P	art III Fui	nding Percenta	iges								**************************************
14	Funding target	attainment percenta	age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						14	35.16 %
15		ng target attainment								15	35.16 %
16	Prior year's fun	iding percentage for	r purposes	of determining whether can	ryover/pref	unding balar	nces may be used to			16	
47	current year's f	unding requirement		,		***************	***************************************	**********			22.73 %
17	If the current va	alue of the assets o	the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	35.16 %
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	ntributions and									
18				ear by employer(s) and emp							
	(a) Date IM-DD-YYYY)	(b) Amount pa employer(s)	(c) Amount paid by employees	(MM-DI	Date D-YYYY)	(b) Amount pai employer(s)		(c	Amoul emplo	nt paid by byees
	/25/2014		704		07/07	/2014		500			
	/25/2014		17								
	/20/2014		6,500								
	/29/2014		14		***************************************						
	/12/2014		2,680								
06	/17/2014		5,576								
					Totals ▶	18(b)	1:	5,991	18(c)		0
19	Discounted emp	ployer contributions	– see inst	ructions for small plan with a	a valuation	date after th	ne beginning of the	/ear:			
	a Contributions	s allocated toward u	npaid mini	mum required contributions	from prior	years	***************************************	19a			0
	b Contributions	made to avoid rest	rictions ad	justed to valuation date				19b			0
	c Contributions	allocated toward mir	nimum requ	ired contribution for current ye	ear adjusted	to valuation	date	19c			14,285
20	Quarterly contri	butions and liquidity	/ shortfalls	•						Angliji	
	a Did the plan i	have a "funding sho	ortfall" for ti	ne prior year?		***************************************		**********		X	Yes No
	b If line 20a is	"Yes," were require	d quarterly	installments for the current	year made	in a timely i	manner?	*********		- Innual	Yes 🖺 No
	c If line 20a is '	"Yes," see instructio	ns and co	mplete the following table as	s applicable	€;					
		3		Liquidity shortfall as of er	nd of quarte	er of this pla	n year				
	(1) 1	st		(2) 2nd	1	(3)	3rd		((4) 4th	
						***************************************			***************************************		

Pa	art V	Assumptio	ns Used to Deterr	nine F	unding Target an	d Targe	et Normal Cost		
21	Disco	unt rate:							
	a Se	gment rates:	1st segment: 4.94 %		2nd segment: 6.15 %		3rd segment 6.76 %		N/A, full yield curve used
	b App	olicable month (enter code)		***************************************		*****	21b	0
22	Weigh	nted average ret	tirement age		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	22	62
23	Morta	lity table(s) (see	e instructions)	Pres	cribed - combined	Pre	scribed - separate	Substitu	е
Pa	rt VI	Miscellane	ous Items						
24							plan year? If "Yes," see		
25		~					regarding required atta		
26							tions regarding required		
27	If the	plan is subject to	o alternative funding rul	es, ente	r applicable code and s	see instruc	tions regarding	27	<u> </u>
Pa	art VII	1	ation of Unpaid M					J	
28	Unpai	d minimum requ	uired contributions for al	l prior ye	ears			28	0
29			contributions allocated					29	0
30			unpaid minimum requir				· · · · · · · · · · · · · · · · · · ·	30	0
Pa	rt VIII	Minimum	Required Contrib	ution I	For Current Year				
31	Targe	t normal cost ar	nd excess assets (see i	nstructio	ns):				·
	a Targ	jet normal cost ((line 6)		***************************************		***************************************	31a	0
	b Exc	ess assets, if ap	oplicable, but not greate	r than lir	ne 31a			31b	0
32	Amort	ization installme	ents:				Outstanding Bala	ance	Installment
	a Net	shortfall amortiz	zation installment		***************************************			75,103	13,511
	b Wai	ver amortization	n installment					q	0
33			approved for this plan ye Day Year				ting the approval	33	
34	Total f	funding requiren	nent before reflecting ca	rryover	prefunding balances (li	ines 31a -	31b + 32a + 32b - 33)	34	13,511
			Visit I Parity Antas		Carryover baland	ce	Prefunding bala	nce	Total balance
35			use to offset funding			0		0	0
36	Additio	onal cash requir	ement (line 34 minus lir	ne 35)	***************************************			36	13,511
37			d toward minimum requ					37	14,285
38			ss contributions for curr						
	a Tota	ll (excess, if any	, of line 37 over line 36)			114744414141414141414141414141414141414	38a	774
	b Port	ion included in I	ine 38a attributable to u	se of pr	efunding and funding s	tandard c	arryover balances	38b	
39	Unpaid	d minimum requ	ired contribution for cur	rent yea	r (excess, if any, of line	e 36 over	ine 37)	39	. 0
40	Unpaid	d minimum requ	ired contributions for al	years		4	1	40	0
Pa	rt IX	Pension F	unding Relief Un	der Pe	ension Relief Act	of 2010	(See Instructions)		
41	If an el	ection was mad	le to use PRA 2010 fund	ding reli	ef for this plan:				
	a Sche	edule elected						Π	2 plus 7 years 🗵 15 years
					·—		***************************************		
42			n adjustment					42	
			celeration amount to be					43	

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contr	ibution Year En	Effective: 6.37%	Late Quarterly: 11.37%	
Effective Date	<u>Amount</u>	Effective Interest	Quarterly Interest	Discounted
02/25/2014	\$704	-48	-26	\$630
04/25/2014	\$17	-1	-1	\$15
05/20/2014	\$6,500	-531	-240	\$5,729
05/29/2014	\$14	-1	- 1	\$12
06/12/2014	\$2,680	-229	-64	\$2,387
06/17/2014	\$5,576	-480	-39	\$5,057
07/07/2014	\$500	-45	0	\$455
	\$15,991			\$14,285

Name of Plan:

Freeport Pain Management

Plan Sponsor's EIN:

26-4513707

Plan Number:

001

Plan Sponsor's Name: Freeport Pain Management Medical PC

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant:

2013 Nonannuitant Male

Use optional combined mortality table for small plans:

Yes

Female Nonannuitant:

2013 Nonannuitant Female

Male Annuitant:

2013 Annuitant Male

No Yes

Setback

Setback

0

0

0

Female Annuitant:

Lump sums use proposed regulations:

2013 Annuitant Female Applicable months from valuation month:

Probability of lump sum:

plan year

100.00%

Lookback months:

1st

1.00

00.0

Actuarial Equivalent Floor

Use discount rate transition:

1

Use pre-retirement mortality:

No

Nonannuitant:

Stability period:

None

2nd

3.57

0.00

Annuitant:

Current:

Override:

2013 Applicable

<u>3rd</u>

4.77

0.00

<u>1st</u> 2nd 3rd Segment rates: 1.62 4.40 5.45 High Quality Bond rates: N/A N/A N/AFinal rates: 1.62 4.40 5.45 Override: 4.94 6.15 6.76

Salary Scale

Male: 0.00% Female:

0.00%

Late Retirement Rates

Marriage Probability

Expense loading:

Disability Rates

Male: Female:

Male:

Male:

Male:

Female:

Female:

Female:

None None

0.00%

0.00%

0.00%

None

None

Mortality

None

None

Withdrawal Male: None

Female: None

Withdrawal-Select

Male: None

Female: None

Early Retirement Rates

Male:

None None

Female:

Subsidized Early Retirement Rates

Male:

None

Female:

None

Name of Plan:

Freeport Pain Management

Plan Sponsor's EIN:

26-4513707

Plan Number:

001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

Age (months):

0 12 Continuing hours:

1.000

Wait (months): Two year eligibility:

Excluded classes:

Union Members

Non-resident alien

Earnings

Total compensation excluding:

403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal **Early** Subsidized Early **Disability** Death

Age:

Defined:

62

Service: Participation: 0 5

1st of month

during

Benefit Reduction / Mortality table & setback

Male: Female: Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence

None None

0 0

Rates - Male:

None

None

None None

Rates - Female:

None

None

Use Social Security Retirement Age: No

REACT Benefits Percentage:

50.00%

Vesting Schedule: **Vesting Definition:** 2/20

Hours Worked

Pre-retirement death benefit

Percentage of accrued benefit: 100.00%

Death Benefit Payment method: Face + PVAB - Curr. CV

Annuity Percent **Years** Normal: Life only 0.00% 0 QJSA: Joint and contingent 50.00% 0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

Freeport Pain Management

Plan Sponsor's EIN:

26-4513707

Plan Number:

001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:

Benefit formula

Type of Formula:

Flat benefit

Effective Date:

01/01/2006

Flat benefit non-integrated type:

Percent

Total percent of salary:

35.75%

Dollar amount:

None

Reduction based on:

Accrual

Benefit reduction for years less than:

25

Averaging

Projection method:

Current Compensation

Apply exclusion to accrued benefit:

No

Based on:

Final Average

Annualize short compensation years: No

Highest:

3

Annualize short plan years: Include compensations based No

In the last: **Excluding:** 10 0

on years of:

Accrual

Accrual

Frozen:

Yes

Definition of years:

Hours worked

Fractions based on: N/A

Terminated

Accrual credit:

Continuing

Died Disabled Retired 0 0

Precision:

N/A

Limit current credit to:

N/A

Years based on:

Service

1000

Cap/floor years:

0

Maximum past accrual years:

5.0000

Cap or floor:

Floor

Method:

Fractional

Accrual % per year:

Apply 415 before accrual:

0.00% With accrued 415 limit

Name of Plan:

Freeport Pain Management

Plan Sponsor's EIN:

26-4513707

Plan Number:

001

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Socurby 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

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		Complete all entries in acco	rcance with the Instr	uchons to the Form 551	00-57-			
Parti		Identification Information	01/01/0015	المستعدد المحدد		************		
	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending				12/31/2013			
_	A This return/report is for:					a one-participant plan		
B This re	eturn/report is:	the first return/report	the final return/repor					
		an amended return/report	- -	m/report (less than 12 m	nonths	_		
C Check box if filling under: Form 5558 automatic extension					DFVC program			
	<u> </u>	special extension (enter descript						
Partit		rmation—enter all requested infor	nation		٠٠٠٠٠٠٠٠٠		P.M. (
ia Name	•				16	Three-digit plan number		
Free	port Pain Man	agement				(PN) >	001	
					1c	Effective date of		
				***************************************		01/01/2010		
		dress; include room or suite number (agement Medical PC	employer, if for a single	employer plan)	2b Employer Identification Number			
ELCC	FOLC BEIN MOIL	agement medical FC			(EIN) 26-4513707			
			4	1	2c Sponsor's telephone number (201) 304-4147			
31 G	uy Lombardo A	ve .			2d Business code (see instructions)			
Free	port		NY	11520	621111			
3a Plana	idministrator's name ar	id eddress XSame as Plan Sponsor		n Sponsor Address	3b	Administrator's E	IN	
		_		,	_			
					3C	Administrator's to	elephone number	
					Į .			
			######################################					
		plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b	EIN		
	, E:N, and the plen nur or's name	nber from the last return/raport.			4c	DNI		
		at the heviunion of the rish year			5a	F14		
b Total number of participants at the beginning of the plan year					6			
		account balances as of the end of the			5b		6	
		account balances as of the ario of the			5c			
_					,		X Yes No	
b. Are you determine a walver of the annual examination and report of an independent qualified public accountant (ICPA)								
		? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can:	·				Yes No	
•		gree sine ea or sine eo, the plan can: it plan, is it covered under the PBGC i					html white	
C II II III	Man is a delitied belief	t pan, is a covered under the rock i	riegience brodiam (sei	ENIOA SECTION 4021)/	·····	Yes X No	Not determined	
		or incomplete filing of this return/re	/					
Under pen	allies of perjury and oil	ner penalties set forth in the instruction of signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	port, in	cluding, if applica	ble, a Schedule	
	true, correct, and comp		er office and management of the	and of this tempt shou	, =::01	n nie nest ot tuå t	drowneoge and	
· · · · · · · · · · · · · · · · · · ·	· WH	////	11/19					
SKGN HERE			<u> </u>	Nidia Correro	MU			
11514	Signature of pitch	in Mistrator	D/Ste /	Enter name of individual	ual sig	ning as plan adm	inistrator	
SIGN								
HERE	Signature of emplo	yer/plan spongor	Date	Enter name of Individu	ual sig	ning as employer	or plan sponsor	
Preparer's	name (including firm n	ame, if applicable) and address; indu	de room or suite numb	er (optionel)	Prepa	arer's telephone r	wmber (optional)	
			•					
				ľ				
				Ł	, ",	ì		

Pa	Financial information					71 860		•
7	Assats and Lightities \$15.55 (a) Beginning of Ye			ar	(b) End of Year			Year
a	Total plan assets	7a	4	1,3	13			57,455
b	Total plan flabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	4	1,3	13			57,455
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Tota	I
a	Contributions received or receivable from: (1) Employers	8a(1)	I	5,9	90		,	
	(2) Participants	8a(2)			ļ			
	(3) Others (including rollovers).	Sa(3)			ì			
b	Other income (loss)	Bib			52		40.	
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8e	and the second	,	1935 1576			16,142
ď	Benefits paid (including direct rollovers and Insurance premiums to provide benefits)	84		,		. :		(A) (1944)
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	Set			ŀ		1174	in the
f	Administrative service providers (salaries, fees, commissions)	8f					4 1	
g	Other expenses	8g			1		: :	į
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	v	77				Ò
1	Net income (loss) (subtract line 8h from line 8c)	ī8		र स्प				16,142
ĵ	Transfers to (from) the plan (see instructions)	8]				į.	······································	
Par	Rian Characteristics	7				71.5	······································	
	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature cod	les from the List of Plan Char	ecteri	stic Co	xies ir	the instruction	S:
b	If the plan provides welfare benefits, enter the applicable welfare to 48	eature code	es from the List of Plan Chara	cteris	ic Coo	les in	the instructions	
Pan	Compliance Questions		**************************************				` 'ozuz	
10	During the plan year:				Yes	No	1 4	ount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and OOL's Voluntary Flou	tions within	the time period described in	10a		X.		CSENSE
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not is	nclude transactions reported	10b		х		
Ċ				10c		X		
ď	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	104	,	×		
e		er persons	by an insurance carrier,			vonusen		<u></u>
	instructions.)			10e	ı	X		
f	Has the plan failed to provide any benefit when due under the plan	17	2-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	105		X		
g	J Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			100		Х		
h	If this is an individual account plan, was there a blackout period? (*2520.101-3.)	See instruc	zions and 29 CFR	10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Park	Pension Funding Compliance						I	
	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Yes No
11a	Enter the unpaid minimum required contribution for current year for					112	0	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	OF SE	ction 3	02 of	ERUSA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.							
	a If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Year Y							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule				· · · · · · · · · · · · · · · · · · ·			
þ	b Enter the minimum required contribution for this plan year					12b		

Inter the amount contributed by the employer to the plan for this plan year	12c		
	12d		
Nil the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No NA
It Plan Terminations and Transfers of Assets			
las a resolution to terminate the plan been adopted in any plan year?	X	es No	!
	Ç		0
			Yes No
f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s)			
o(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
III Trust Information (optional)			
rne of trust	14b Tr	usťs EIN	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets less a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? 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.) ac(1) Name of plan(s):	Subtract the amount in line 120 from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Wes Plan Terminations and Transfers of Assets Hes a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) If the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) If the plan assets of plan(s): If the plan assets or liabilities were transferred. (See instructions.) If the plan assets or liabilities were transferred. (See instructions.) If the plan assets or liabilities were transferred. (See instructions.)

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Attachment to 2013 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameFreeportPainManagementEIN:26-4513707Plan Sponsor's NameFreeportPainManagementMedicalPCPN:001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	41,306	01/01/2010	4	11,085
Shortfall	-17,234	01/01/2012	6	-3,256
Shortfall	46,735	01/01/2011	13	4,965
Shortfall	4,296	01/01/2013	7	717
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			+	