#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	Benefit Guaranty Corporation	Complete all entries in ac	ccordance with the instru	uctions to the Form 5500	)-SF.		
Part I	Annual Report I	dentification Information					
For calen	dar plan year 2013 or fisc	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/repor	t			
_		an amended return/report	님	irn/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
	T =	special extension (enter desc	· · · ·				
Part II		mation—enter all requested inf	formation				T
1a Name		ENT DI ANI			1b	Three-digit plan number	
MAYER AL	LER MD PC RETIREME	:NT PLAN				(PN) ▶	002
					1c	Effective date of	
						01/01/	
	sponsor's name and add DLER MD PLLC	dress; include room or suite number	er (employer, if for a single	e-employer plan)	2b	Employer Identification (EIN) 11-33	fication Number 89869
6910 BAY	PARKWAY				2c	Sponsor's telep	
	N, NY 11204-5508				2d	Business code (	(see instructions)
3a Plan	administrator's name and	d address XSame as Plan Spons	sor Name Same as Pla	an Sponsor Address	3b	Administrator's I	
		_	, <del>_</del>		3c	Administrator's t	telephone number
4 15.11				5 11 1 1 1			
		plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN	
	sor's name	ber from the last return/report.			4c	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		7
<b>b</b> Total	number of participants a	at the end of the plan year			5b		7
		ccount balances as of the end of	the plan year (defined ber	nefit plans do not			<u> </u>
C- 14/			. , ,	•	5c		,
<b>ba</b> wer	e all of the plan's assets						X Yes No
<b>b</b> Are	ou claiming a waiver of	during the plan year invested in e	eligible assets? (See instru	ictions.)ied public accountant (IQI	PA)		X Yes No
<b>b</b> Are y	ou claiming a waiver of r 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	eligible assets? (See instruct of an independent qualifulity and conditions.)	ictions.)ied public accountant (IQI	PA)		
<b>b</b> Are younded	ou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of	eligible assets? (See instruct of an independent qualifility and conditions.)	actions.)ied public accountant (IQI	PA) Form	5500.	X Yes No X Yes No
<b>b</b> Are younded	ou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	eligible assets? (See instruct of an independent qualifility and conditions.)	actions.)ied public accountant (IQI	PA) Form	5500.	X Yes No
b Are y under If yo	rou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of	eligible assets? (See instruct of an independent qualificity and conditions.)	ictions.)	PA) Form	5500. Yes X No	X Yes No X Yes No
b Are y under lf you C If the Caution: Under per SB or Sch	rou claiming a waiver of in 29 CFR 2520.104-46? unanswered "No" to eit plan is a defined benefit A penalty for the late on alties of perjury and other.	during the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a	eligible assets? (See instruct of an independent qualifolity and conditions.)cannot use Form 5500-SigC insurance program (se n/report will be assessed ctions, I declare that I have	ictions.)	Form se is	5500.  Yes No established.  acluding, if applic	X Yes No X Yes No Not determined  able, a Schedule
b Are y under lift you C If the Caution: Under per SB or Schelief, it is	rou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late on alties of perjury and other dule MB completed and true, correct, and completed.	during the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a	eligible assets? (See instruct of an independent qualifolity and conditions.)cannot use Form 5500-SigC insurance program (se n/report will be assessed ctions, I declare that I have	ictions.)	Form se is	5500.  Yes No established.  acluding, if applic	X Yes No X Yes No Not determined  able, a Schedule
b Are y under If yo C If the Caution: Under per SB or Schelief, it is	rou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late on alties of perjury and other dule MB completed and true, correct, and completed.	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligibiner line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualifolity and conditions.)cannot use Form 5500-SigC insurance program (se n/report will be assessed ctions, I declare that I have	ictions.)	Form se is out, ir, and	5500. Yes No established. Including, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
b Are y under lift you C If the Caution: Under per SB or Schelief, it is SIGN HERE	rou claiming a waiver of it 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late on alties of perjury and otherwise MB completed and true, correct, and complete with authorized/v	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligibiner line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualifolity and conditions.)cannot use Form 5500-Sign insurance program (see in/report will be assessed ctions, I declare that I have as well as the electronic veri	rictions.)	Form se is out, ir, and	5500. Yes No established. Including, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
b Are y under lift you continued if you continued if you continued if you continued in the	rou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late on alties of perjury and othedule MB completed and true, correct, and completed with authorized/v Signature of plan ad	during the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualifolity and conditions.)cannot use Form 5500-Sign insurance program (see in/report will be assessed ctions, I declare that I have as well as the electronic veri	ictions.)	Form se is out, ir, and	5500. Yes No established. Including, if applicate to the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
b Are y under lif you c If the Caution: Under per SB or Schobelief, it is SIGN HERE	rou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit  A penalty for the late o nalties of perjury and othedule MB completed and true, correct, and complete with authorized/v Signature of plan ad Signature of employ	during the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualifity and conditions.)	ictions.)	PA)  Form  se is sort, iri , and	5500. Yes No established. Including, if applicate to the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
b Are y under lift you c If the Caution: Under per SB or Schobelief, it is SIGN HERE	rou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit  A penalty for the late o nalties of perjury and othedule MB completed and true, correct, and complete with authorized/v Signature of plan ad Signature of employ	during the plan year invested in each the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a lete.  In a line plan year invested in the instruction of the plan of the	eligible assets? (See instruct of an independent qualifity and conditions.)	ictions.)	PA)  Form  se is sort, iri , and	5500. Yes No established. Including, if applicate to the best of my	X Yes No X Yes No Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	· r			(b) End	of Voc			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella (		31 34463		
	Total plan liabilities	7b						100	71100		
	Net plan assets (subtract line 7b from line 7a)	7c	22300	0	+		1064463				
	Income, Expenses, and Transfers for this Plan Year	70					(b) Total				
	Contributions received or receivable from:		(a) Amount				(a) T	otai			
	(1) Employers	8a(1)	11752	5							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)	76686	2							
b	Other income (loss)	8b	-4292	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						84	1463			
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									
i	Net income (loss) (subtract line 8h from line 8c)	8i						84	1463		
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	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amou	ınt		
a		tions withi	n the time period described in		103	140		AIIIOU	ant		
	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	fidelity bo	nd, that was caused by fraud	10d		X					
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
-	insurance service, or other organization that provides some or all										
	instructions.)			10e		X					
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	ne required	d notice or one of the	10i							
Part		-									
11	Is this a defined benefit plan subject to minimum funding requirem							X	Yes	— П	No
110	5500) and line 11a below)							**	. 55	ш	0
	The little unbald minimum required contribution for current year from octiedate ob (Form 5500) line 59										
12		-		or se	ction (	ou≥ of	EKISA?		Yes	^	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 lett	er ruli	na	
	granting the waiver.	-			unu t	Day		Year	or ruil	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					

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С	Enter the amount contributed by the employer to the plan for this plan year	12c										
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d										
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A							
Part	Part VII Plan Terminations and Transfers of Assets											
13a	Has a resolution to terminate the plan been adopted in any plan year?	. Yes X No										
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a										
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to										
	I3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)							
Part	VIII Trust Information (optional)											
	Name of trust 'ER ADLER MD PC RETIREMENT PLAN		rust's EIN 13389869									

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

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

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

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

Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For	calendar p	olan year 2013 or fisca	al plan year beginning	01/01/2013			and end	ling 12/31	/2013		
<b>▶</b> F	Round off	f amounts to nearest	dollar.								
<b>)</b> (	Caution: /	A penalty of \$1,000 wi	ll be assessed for late fili	ing of this report u	ınless reas	onable ca	use is establish	ned.			
	ame of pla						B Three-d	igit		000	
MAY	ER ADLE	ER MD PC RETIREME	ENT PLAN				plan nur	nber (PN)	•	002	
<b>C</b> P	lan spons	or's name as shown c	on line 2a of Form 5500 c	or 5500-SF			<b>D</b> Employe	· Identification	on Number	(EIN)	
MAY	ER ADLE	R MD PLLC						11-33898	369		
FT	pe of plar	n: X Single Mul	Itiple-A Multiple-B	F	Prior year pla	on sizo: N	100 or fewer	101-50	. □ Moro	than 500	
Pa		Basic Information			Tioi yeai pia	all Size.	100 of lewer		)   More	11111 300	
1		e valuation date:	Month 01	Day01	Year	2013					
2	Assets:	e valuation date.	World	Day	16a1_	2010					
_		t value						2a			221823
	_							2b			221823
3		target/participant cour				(1) N	lumber of partic		(2)	Funding Targe	
			peneficiaries receiving pa	avment	3a	(1)11	ambor or partic	0	(-)	Turiding range	0
			ipants	-	3b			1			428
		tive participants:	•								
					3c(1)	}					4240
	(2)				3c(2)	}					249520
	(3)				3c(3)			6			253760
	<b>d</b> Total				3d			7			254188
4	If the pla	n is in at-risk status. c	heck the box and comple	ete lines (a) and (b	o)		.П				
			prescribed at-risk assum					4a			
			risk assumptions, but dis	•							
			an five consecutive years					4b			
5	Effective	interest rate						5			6.44 %
6	Target no	ormal cost						6			4467
	-	<b>Enrolled Actuary</b>									
а	ccordance wi	ith applicable law and regulat	on supplied in this schedule and a ions. In my opinion, each other a cipated experience under the plar	ssumption is reasonable							
S	IGN										
	ERE								03/14/2	2014	
			Signature of actuary				<del></del>		Date		
NACI	HMAN YA	AKOV ZISKIND, ESC	-						14-05	856	
		Ту	pe or print name of actua	ary				Most red	cent enrollm	nent number	
ECO	NOMIC G	ROUP PENSION SER	RVICES,INC						212-49	94-9063	
			Firm name				7	elephone n	umber (incl	uding area cod	e)
		H AVENUE NY 10001-0000									
			Address of the firm				_				
If the		as not fully reflected a	ny regulation or ruling pr	omulgated under	the statute	in comple	eting this sched	ule, check t	he box and	see	
เมอแน	Otions										

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Schedule SB (Form 5500) 2013	Page <b>2 -</b> 1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
_							<b>(a)</b> Ca	arryover balance		(b) l	Prefundi	ng balance	
		-	•		cable adjustments (line 13 f			689	067			0	
8			•	-	unding requirement (line 35				0			0	
9	Amount	t remainii	ng (line 7 minus li	ne 8)				689	67			0	
10	Interest	on line 9	using prior year's	s actual ret	urn of1.00 %			6	90	0			
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:								
	<b>a</b> Prese	ent value	of excess contrib	utions (line	38a from prior year)							32336	
<b>b</b> Interest on (a) using prior year's effective interest rate of											1837		
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	ice						34173	
	<b>d</b> Portion	on of (c)	to be added to pre	efunding ba	lance							0	
12	Other re	eductions	s in balances due	to elections	or deemed elections			511	85			0	
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	)		184	72			0	
Pa	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age							14	80.00 %	
15	Adjuste	d funding	g target attainmen	t percentag	e						15	80.00 %	
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										116.43 %			
17	If the cu	ırrent val	ue of the assets o	of the plan is	s less than 70 percent of the	e funding targe	et, enter su	ch percentage			17	%	
Pa	Part IV Contributions and Liquidity Shortfalls												
18					ear by employer(s) and emp								
(M	(a) Dat M-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-Y		(b) Amount paid employer(s)	by	(0		nt paid by oyees	
06	/19/2013	}		7000	0	11/20/201	3		10000			0	
06	/20/2013	3		3000	0	12/27/201	3		100			0	
07	/15/2013	3		5000	0	01/07/201	4		4000			0	
80	/20/2013	3		10000	0	01/14/201	4		10000			0	
	/21/2013			10000	0	02/06/201	4		4000			0	
11	/05/2013	3		8000	0	03/06/201			4000		T	0	
						Totals ►	18(b)		17525	18(c)			
19			-		ructions for small plan with								
					mum required contributions				9a			0	
					justed to valuation date				9b			0	
					uired contribution for current y	ear adjusted to	o valuation o	date 1	9с			110568	
20		-	outions and liquidit	-								lv Dv	
			_		he prior year?						<u> </u>	Yes X No	
					installments for the current		n a timely m	nanner?			······	Yes No	
	<b>C</b> If line	20a is "	Yes," see instructi	ons and co	mplete the following table a		af this!-						
		(1) 19	st		Liquidity shortfall as of e  (2) 2nd	nu of quarter o		year Brd			(4) 4th	<u> </u>	
		(.) 10			(-/		(0)				\., iu	:	

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Pa	art II	Beain	ning of Year (	Carrvov	er and Prefunding I	Balaı	nces							
			<u> </u>	,	<u> </u>			(a) C	Carryover balance		(b) F	Prefund	ing balan	се
7		-			cable adjustments (line 13		-							
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)													
9	9 Amount remaining (line 7 minus line 8)													
10	10 Interest on line 9 using prior year's actual return of%													
11	11 Prior year's excess contributions to be added to prefunding balance:													
	a Present value of excess contributions (line 38a from prior year)													
	<b>b</b> Interest on (a) using prior year's effective interest rate of% except as otherwise provided (see instructions)													
	<b>C</b> Total a	available	at beginning of curr	ent plan ye	ear to add to prefunding bala	ance .								
	<b>d</b> Portio	on of (c)	to be added to pref	funding ba	alance									
12	Other re	eductions	s in balances due to	o election:	s or deemed elections									
13	Balance	at begir	nning of current yea	ar (line 9 -	+ line 10 + line 11d – line 1	12)								
P	art III	Fun	ding Percenta	ges										
14	Funding	target a	ttainment percenta	ge								14		%
15	Adjuste	d funding	g target attainment	percentaç	ge							15		%
16														
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
P	Part IV Contributions and Liquidity Shortfalls													
18	Contribu	utions ma	ade to the plan for	the plan y	rear by employer(s) and er	nploye	ees:							
(N	(a) Date 1M-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees	(	<b>(a)</b> Dat (MM-DD-Y		<b>(b)</b> Amount pa employer(	-	(0	-	ınt paid b loyees	y
04	/07/2014			35000	(	)								
04	1/08/2014			4000	(	)								
05	5/13/2014			3425	(	)								
								,				ı		
						To	otals ►	18(b)			18(c)			
19		•	•		tructions for small plan wit					·				
					imum required contribution				l l	19a				
	<b>b</b> Contr	ibutions	made to avoid rest	rictions a	djusted to valuation date					19b				
	<b>C</b> Contr	ibutions a	allocated toward mir	nimum req	uired contribution for current	t year	adjusted to	valuation	date	19c				
20		•	outions and liquidity									-	7	7
			_		the prior year?							-	Yes	No
	<b>b</b> If line	20a is "	Yes," were required	d quarterly	y installments for the curre	nt yea	ar made in	a timely i	manner?				Yes	No
	C If line	20a is "	Yes," see instruction	ons and co	omplete the following table									
		(1) 1s	st T		Liquidity shortfall as of (2) 2nd	end c	ot quarter o		n year 3rd			(4) 4t	h	
		(1)			(2) 2.10			(0)	<del></del>			(1) -10		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21	Discou	nt rate:										
	<b>a</b> Segi	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	II yield	curv	e used		
	<b>b</b> Appl	icable month (	enter code)			21b				0		
22	Weight	ed average ret	tirement age			22				62		
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous Items			<del></del>						
24				cuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired				
		-			•				Yes	X No		
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No		
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No		
27	If the p	lan is subject to	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27						
	attachn	nent										
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years							
28	Unpaid	minimum requ	uired contributions for all prior	years		28				0		
29				unpaid minimum required contrib		29				0		
30				ntributions (line 28 minus line 29).		30				0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year								
31	Part VIII Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):											
			•			31a				4467		
			· · · · · · · · · · · · · · · · · · ·	line 31a		31b				0		
32		zation installme	<u> </u>		Outstanding Bala	1	Ir	nstallm	ent			
-						50837				8652		
	_					0				0		
33				ter the date of the ruling letter grai	ting the approval							
				) and the waived amount		33				0		
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				13119		
				Carryover balance	Prefunding bala	nce	To	tal bala	ance			
35	Balanc	es elected for i	use to offset funding									
	require	ment		(		0				0		
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				13119		
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				110568		
38	•		ess contributions for current ye			1						
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				97449		
	<b>b</b> Portion	on included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	38b				0		
39				ear (excess, if any, of line 36 over		39				0		
40	-			)		40						
Pa	rt IX			Pension Relief Act of 2010		)						
			de to use PRA 2010 funding re		•	•						
							2 plus 7 yea	rs	15	years		
				41a was made				2010		2011		
42			,			42	<u> </u>		` Ш			
	Amount of acceleration adjustment											
43	⊢xcess	installment ac	celeration amount to be carrie	d over to future plan years		43						

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Short Form Annual Return/Report of Small Employee Benefit Plan

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

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the inst	ructions to the Form 550	0-SF.		
		Identification Information					
For	calendar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12	/31/2013	
A	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	L	a one-particip	ant plan
В	This return/report is:	the first return/report	the final return/repo	art			
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)		
С	Check box if filing under:	Form 5558	automatic extension	ı	Г	DFVC progra	m
	·	special extension (enter descr	iption)		_	•	
Б	art II Basic Plan Info	ormation enter all requested i	nformation				_
-	Name of plan	Simulation enter an requested i	mormation		1b	Three-digit	
	·	D-4				plan number	000
	Mayer Adler MD PC	Retirement Plan				(PN) ► Effective date o	002
						enective date o 01/01/2011	i pian
2a	Plan sponsor's name and a	ddress; include room or suite numb	er (employer, if for a sin	gle-employer plan)	1		fication Number
	Mayer Adler MD PLL	c	, , ,	,		(EIN) 11-33	
					2c :	Sponsor's telep	hone number
	6910 Bay Parkway					(718) 680-	
							(see instructions)
	Brooklyn	NY 11204-5508	🗖 .	DI 0 411	_	621111	
Ja	Plan administrators name a	and address X Same as Plan Spo	onsor Name 🔛 Same a	s Plan Sponsor Address	30 /	Administrator's	EIN
					<u> </u>		<u> </u>
					3C /	Administrator's	telephone number
					:		
4	If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b 1	EIN	
		imber from the last return/report.	•	•			
<u>a</u>	Sponsor's name				4c	PN	
		s at the beginning of the plan year			<u>5a</u>		7
þ		s at the end of the plan year			5b	<u> </u>	7
¢		account balances as of the end of			_5c		
6a	Were all of the plan's asset	s during the plan year invested in el	ligible assets? (See instr	uctions.)			X Yes No
þ		I the annual examination and report			,		
		? (See instructions on waiver eligibi					XYes No
_	<del>-</del>	oither line 6a or line 6b, the plan c efit plan, is it covered under the PBC					N-1 d-1id
<u> </u>	II the plan is a delined bene	ent plan, is it covered under the PBC	o insurance program (s	ee Enioa section 4021)?			INOT determined
	•	or incomplete filing of this retur					_
		other penalties set forth in the instru and signed by an enrolled actuary,					
	elief, it is true, correct, and cor		as well as the electronic	version of this return/repor	ii, aiiu i	to the pest of th	y knowledge and
	ion was	1		MAMAN	$\Delta M$	£N.	
2000	IERE Signature of plan add	ministrator	Date	Enter name of individua	al signir	ng se plan admi	nietrator
	11.0		Build	MAYEL	<u>Α</u> Δ	FR	Illouatoi
85552	HERE Signature of employe	Srinlan enoncor	Date	Enter name of individua	al siene	<u> </u>	or plan apones
20.00		name, if applicable) and address; i					or pian sponsor number (optional)
Ι΄'	sparer e marrie (melboling min	approudicy and address, I		(opiolia)	Topa	" or a relebitorie	nambor (optional)
	· ·				4.0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					200		200

# Schedule SB, line 26 - Schedule of Active Participant Data

Mayer Adler, MD Pllc Defined Benefit Plan 11-3389869/002

For the plan year 1/1/2013 through 12/31/2013

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		2								
25 to 29			1							
30 to 34										
35 to 39										
40 to 44										
45 to 49			1							
50 to 54			1							
55 to 59			1							
60 to 64										
65 to 69										
70 & up										

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

Mayer Adler, MD PIIc Defined Benefit Plan 11-3389869 / 002 For the plan year 1/1/2013 through 12/31/2013

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

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

### Mayer Adler, MD PIIc Defined Benefit Plan 11-3389869 / 002

For the plan year 1/1/2013 through 12/31/2013

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2011	4,318	Shortfall	3,177	5	698
	01/01/2013	47,660	Shortfall	47,660	7	7,954
Totals:				\$50,837		\$8,652

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

#### Mayer Adler, MD Pllc Defined Benefit Plan 11-3389869 / 002

For the plan year 1/1/2013 through 12/31/2013

Valuation Date: 1/1/2013

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are included in current year's valuation

Prospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.62
Segment 2	6 - 20	4.40
Segment 3	> 20	5.45

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	4.94
Segment 2	6 - 20	6.15
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

or

13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

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

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

	► File as an attachment to Form 5500 or	· 5500-SF.	1		
For	calendar plan year 2013 or fiscal plan year beginning 01/01/2013	and ending	g 12,	31/2013	
≯F	Round off amounts to nearest dollar.				
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable c	ause is establishe	d.		
ΑN	ame of plan	<b>B</b> Three-digi	t		
May	er Adler MD PC Retirement Plan	plan numb	er (PN)	<b>•</b>	002
			141.77	1 1 W W	
<b>C</b> P	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer Id	entificat	on Number (	(EIN)
May	er Adler MD PLLC	1:	L-3389	9869	
Ет	ype of plan: X Single Multiple-A Multiple-B	x 100 or fewer		00 🔲 More	e than 500
p <sub>2</sub>	rt1 Basic Information				
1	Enter the valuation date: Month 01 Day 01 Year 2013	· · · · · · · · · · · · · · · · · · ·			
<u>'</u>	Assets:	<del>-</del>			
_	a Market value		2a		221,823
	<b>b</b> Actuarial value		2b		221,823
3				(0)	<del>'</del>
3	,	Number of participa		(2)	Funding Target
			0		0
			1		428
	C For active participants:			3*** A	
	(1) Non-vested benefits				4,240
	(2) Vested benefits		14/1		249,520
	(3) Total active		6		253,760
	<b>d</b> Total		7		254,188
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	· 🗆			6.8
	a Funding target disregarding prescribed at-risk assumptions	• • • • • • • • • • • • • • • • • • • •	4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that at-risk status for fewer than five consecutive years and disregarding loading factor	at have been in	4b	_	
5	Effective interest rate		- 5		6.44 %
6	Target normal cost		6		4,467
To I	ement by Enrolled Actuary he best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachme ordance with applicable is and regulations in my opinion, each other assumption is reasonable (taking into account the ex-	ents, if any, is complete a experience of the plan and	and accura d reasonal	le. Each presribe le expectations)	ed assumption was applied in and such other assumptions, in
Control (Spicer	bination, offer my best estimate of anticipated experience under the plan.			<del> </del>	
	ERE / W			03/14/20	14
	Signature of actuary			Date	
	NACHMAN YAAKOV ZISKIND, ESQ.			14-05856	
	Type or print name of actuary		Most re	ecent enrollm	nent number
	ECONOMIC GROUP PENSION SERVICES, INC		(2:	L2) 494-9	063
	Firm name	Tel	ephone	number (incl	luding area code)
	333 SEVENTH AVENUE				
	US NEW YORK NY 10001-0000				
	Address of the firm	_			
	actuary has not fully reflected any regulation or ruling promulgated under the statute in comp	pleting this schedu	le, chec	k the box and	d see

Part II Beginning of Year Carryover and Prefunding Balances  7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)  8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  0  1 Part II Beginning of Year Carryover and Prefunding Balances  (a) Carryover balance  (b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)  8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  0 (a) Carryover balance (b) Prefunding balance
<ul> <li>Balance at beginning of prior year after applicable adjustments (line 13 from prior year)</li> <li>Portion elected for use to offset prior year's funding requirement (line 35 from prior year)</li> </ul>
prior year)
9 Amount remaining (line 7 minus line 8)
10 Interest on line 9 using prior year's actual return of
11 Prior year's excess contributions to be added to prefunding balance:
a Present value of excess contributions (line 38a from prior year)
b Interest on (a) using prior year's effective interest rate of
C Total available at beginning of current plan year to add to prefunding balance . 34,17
d Portion of (c) to be added to prefunding balance
12 Other reductions in balances due to elections or deemed elections
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)
Part III Funding Percentages
14 Funding target attainment percentage
15 Adjusted funding target attainment percentage
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 current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage
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 (mM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (mM-DD-YYYY) (mm-DD-YYYY) (mm-DD-YYYY) (mm-DD-YYYY) (mm-DD-YYYY) (mm-DD-YYYY) (mm-DD-YYYY) (mm-DD-YYYYY) (mm-DD-YYYYYY) (mm-DD-YYYYY) (mm-DD-YYYYYY) (mm-DD-YYYYYY) (mm-DD-YYYYYYYYY) (mm-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY
06/19/2013 7,000 01/07/2014 4,000
06/20/2013 3,000 01/14/2014 10,000
07/15/2013 5,000 02/06/2014 4,000
08/20/2013 10,000 03/06/2014 4,000
10/21/2013 10,000 04/07/2014 35,000
11/05/2013 8,000 04/08/2014 4,000
11/20/2013 10,000 05/13/2014 3,425
12/27/2013 100
Totals ►   18(b)   117, 525   18(c)
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

a Did the plan have a "funding shortfall" for the prior year?
 b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?
 Yes X No

Liquidity shortfall as of end of quarter of this plan year

(3)

3rd

(4) 4th

**20** Quarterly contributions and liquidity shortfalls:

(1) 1st

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

(2)

2nd

Discount rate:   a Segment rates:   1st segment:   2nd segment:   3rd segment:   0.76 %   0
b Applicable month (enter code)
22   62   23   Mortality table(s) (see instructions)   X   Prescribed - combined   Prescribed - separate   Substitute
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 attachment
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment
attachment Yes X No  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 attachment Yes X No  28 Unpaid minimum required contributions for all prior years
26   Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment   Yes \overline{\text{N}} \text{ No} \\   27   If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment   27
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment
Attachment
28 Unpaid minimum required contributions for all prior years
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)
30   Remaining amount of unpaid minimum required contributions (line 28 minus line 29)
Part VIII Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)
31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)
a Target normal cost (line 6)
b Excess assets, if applicable, but not greater than line 31a
32 Amortization installments:     Outstanding Balance     Installment       a Net shortfall amortization installment     50,837     8,652       b Waiver amortization installment     0     0
a Net shortfall amortization installment50,8378,652b Waiver amortization installment00
<b>b</b> Waiver amortization installment
1 1
If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day) and the waived amount
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)  34 13,119
Carryover balance Prefunding Balance Total balance
35 Balances elected for use to offset funding requirement
36 Additional cash requirement (line 34 minus line 35)
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)
38 Present value of excess contributions for current year (see instructions)
<b>a</b> Total (excess, if any, of line 37 over line 36)
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39
40 Unpaid minimum required contributions for all years
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:
a Schedule elected
<b>b</b> Eligible plan year(s) for which the election in line 41a was made
42 Amount of acceleration adjustment
43 Excess installment acceleration amount to be carried over to future plan years

## Schedule SB, Part V Summary of Plan Provisions

### Mayer Adler, MD Pllc Defined Benefit Plan

11-3389869 / 002

For the plan year 1/1/2013 through 12/31/2013

Employer: Mayer Adler, MD Pllc

Type of Entity - C-Corporation

EIN: 11-3389869 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 1/1/2011 Year end - 12/31/2013 Valuation - 1/1/2013

Top Heavy Years - 2013

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

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

Retirement: Normal - Attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

1.5% of average monthly compensation per year of service after 1/1/2006 beginning year 1

limited to 25 year(s)

not greater than \$16,250.00

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 3% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$205,000

Maximum 401(a)(17) compensation - \$255,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

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

Service is calculated using all years of service, except years prior to age 18

# Schedule SB, Part V Summary of Plan Provisions

### Mayer Adler, MD Pllc Defined Benefit Plan 11-3389869 / 002

For the plan year 1/1/2013 through 12/31/2013

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.00
Segment 2	6 - 20	3.57
Segment 3	> 20	4.77

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

**Actuarial Equivalence:** 

Pre-Retirement - Interest - 6%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)