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

				Complete all entries in a	accordar	ice with the monut	tions to the Form 33	00-31 .		
Par	rt I	Annual Report	lde	ntification Information	n					
For c	alenda	ar plan year 2013 or fis	cal	plan year beginning 01/0	1/2013		and ending	12/31/	2013	
A Th	his retu	urn/report is for:	X	a single-employer plan	а	multiple-employer pl	an (not multiemployer)		a one-partici	oant plan
B T	his retu	urn/report is:		the first return/report	th	e final return/report				
				an amended return/report	as	short plan year returr	report (less than 12 n	nonths)	
C C	heck b	oox if filing under:	X	Form 5558	aı	utomatic extension			DFVC progra	am
				special extension (enter des	cription)					
Par	t II	Basic Plan Info	rm	ation—enter all requested in	nformatio	on				
1a №	Name o	of plan		·				1b	Three-digit	
HARVE	EY WC	DLINSKY MD PC DEF	INE	D BENEFIT PLAN					plan number	004
								10	(PN)	001
								10	Effective date o	
		oonsor's name and add	dres	ss; include room or suite num	ber (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 13-30	
10 E A 9	ST 061	TH STREET						2c	Sponsor's telep	
NEW Y	YORK,	NY 10128						2d	Business code (
3a ⊦	Plan ac	dministrator's name an	d a	ddress XSame as Plan Spor	nsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	
								3с	Administrator's	telephone number
4 1	f the n	ame and/or FIN of the	nla	ın sponsor has changed since	the last	return/report filed fo	r this plan enter the	4h	EIN	
				r from the last return/report.	c lile lasi	return/report filed to	i tilis plan, enter the	40	EIIN	
a 9	Sponso	or's name						4c	PN	
5a ⁻	Total n	number of participants	at tl	he beginning of the plan year				. 5a		1
b ⁻	Total n	number of participants	at tl	he end of the plan year				- 5b		1
				ount balances as of the end o		•	•	. 5c		
6a	Were	all of the plan's assets	du	ring the plan year invested in	eligible a	assets? (See instruct	tions.)			X Yes No
	,	0		annual examination and repo				,		X Yes □ No
				ee instructions on waiver eligi r line 6a or line 6b, the plan						X Yes No
				an, is it covered under the PB				_		Not determined
C 1	i ilie p	dan is a defined benefi	t pie		ige ilisu	rance program (see	LNISA SECTION 4021)!		Tes NINO	Not determined
		•		ncomplete filing of this retu						
SB or	r Sche		nd s	penalties set forth in the instruigned by an enrolled actuary, e.						
SIGN		Filed with authorized/v	valid	d electronic signature.		09/26/2014	MICHAEL BERG			
HERE	=	Signature of plan a	dmi	nistrator		Date	Enter name of individ	dual si	gning as plan adr	ninistrator
SIGN	ı									
HERE	E [Signature of employ	yer/	plan sponsor		Date	Enter name of individ	dual si	gning as employe	er or plan sponsor
Prepa	arer's r			e, if applicable) and address;	include r	oom or suite number		-		number (optional)

Form 5500-SF 2013 Page **2**

Por	rt III Financial Information									
Pa			()5 : : ()				(1) F 1 (2)			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year 2154961			
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	100024				2134901			
	Net plan assets (subtract line 7b from line 7a)		180024	7			2154961			
8		7c		•						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)	6200	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	37704	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					439048			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8433	4						
<u>e</u>	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					84334			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					354714			
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 Chara	acteris	stic Co	des in	the instructions:			
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		200000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X	200000			
	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	of the ben	efits under the plan? (See			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	nd.)	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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	Enter the unpaid minimum required contribution for current year for					11a	0			
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA? Yes No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				JJ. 1					
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter tl Day	.			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Luy	1001			
	Enter the minimum required contribution for this plan year	•				12b				

Page	3	- [1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🔲 Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

		ioni Guaranty Gorpo	ration		File as	s an attach	men	t to Form	5500 or	5500-	SF.						
For	calendar _l	plan year 2013	or fiscal pla	an ye	ar beginning	01/01/2013	3				and end	ding	12/31/	2013			
▶ I	Round of	f amounts to n	earest dol	lar.													
• (Caution: /	A penalty of \$1,	,000 will be	asse	essed for late filing	of this repo	ort ur	nless reas	onable ca	use is	s establish	ned.					
	ame of pl									В	Three-di	igit				00	11
HAF	VEY WO	LINSKY MD PO	DEFINED	BEN	NEFIT PLAN						plan nur	nber ((PN)	•		00	71
C D	lan anana	or'o nomo oo o	haum an lin	۰ ۵۰	of Form 5500 or 5	E00 CE				D	Employer	r Idoni	tification	n Nive	mbor /	TINI)	
	•	LINSKY MD PO		e za	01 F01111 5500 01 5)500-SF					Employer				nber (EIIN)	
												13	-30363	71			
Ет	ype of plar	n: X Single	Multiple	А [Multiple-B		F Pı	rior year pla	an size:	100	or fewer	1	01-500	П	More t	han 500	
Pa		Basic Inform	ation		<u> </u>				<u>L</u>								
1		e valuation date		N /	onth 01	Dov. 01	ı	Year	2012								
2	Assets:	e valuation date	; <u>.</u>	IVI	onth	Day01		_ rear_	2013								
_		tvoluo											2a				1900245
												<u> </u>	2a 2b				1800247
2															(0)		1800247
3		target/participa					Γ	20	(1) N	lumbe	r of partic	cipants	S		(2)	Funding ⁻	arget
					ies receiving payr		-	3a									
				ts		•••••		3b									
		tive participants					Γ	0-(4)									
	(1)						-	3c(1)					_				
	(2)						-	3c(2)									1637399
	(3)						-						2				1637399
							ı	3d					2				1637399
4	If the pla	n is in at-risk st	atus, check	the	box and complete	lines (a) ar	nd (b)		. 📙		_					
			• •		d at-risk assumpti								4a				
	b Fundir	ng target reflect	ing at-risk a	assur	nptions, but disreç nsecutive years a	garding tran	nsitio	n rule for p	lans that	have	been in	4	4b				
5					insecutive years a								5				6.40.9%
6													6				6.10 %
		Enrolled Actu											0				8483
	-		-	plied i	n this schedule and acc	ompanying sch	nedules	s, statements	and attachm	ents, if	any, is comp	olete and	d accurate	e. Each	n prescrit	oed assump	tion was applied in
					ppinion, each other assurience under the plan.	imption is reaso	onable	(taking into a	ccount the e	xperien	ce of the pla	n and re	easonable	e expec	ctations)	and such of	her assumptions, in
-	IGN	-															
	ERE													0	0/25/2	04.4	
П			C:							_					9/25/2	014	
MICI	IAEL EDA	NIK FOA	SI	gnatt	ure of actuary										Date		
MICE	TAEL FRA	NK, FSA	T							_					14-024		
B 43 / A	DENIGIO		,,	r prin	nt name of actuary	•						IVI	ost rec			ent numb	er
MVA	PENSIO	N SERVICES, I	NC.							_						1-8839 	
3851	MAIN ST	TREET, SUITE	205	Fir	rm name						Т	eleph	none nu	ımbeı	r (ınclu	ding area	a code)
		Г, CT 06606															
			F	Addre	ess of the firm					_							
f the	actuary h	as not fully refle	ected any re	egula	tion or ruling prom	nulgated un	der t	he statute	in comple	eting t	his sched	lule, c	heck th	ne box	x and s	see	
nstru	ctions		-						-								

Page	2	-
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Schedule SB (Form 5500) 2013

Pa	rt II Be	ginning of Year	Carryov	er and Prefunding Ba	alances						
						(a)	Carryover balance		(b) I	Prefundir	ng balance
7		,		cable adjustments (line 13 f	•			0			0
8		•	-	unding requirement (line 35				0			0
9								0			0
10		ne 9 using prior year'						0			0
11				d to prefunding balance:							
	•			38a from prior year)							18065
				interest rate of 4.91 %							007
			,					_			887
				ear to add to prefunding balar				-			18952
12				alances or deemed elections				0			18952
				F line 10 + line 11d – line 12				0			18952
				i line 10 i line 11u – line 12	.)			U			0
		unding Percent								14	400.04.0/
		ding target attainmen								15	109.94 % 109.94 %
								to reduce	· · · · · · · · · · · · · · · · · · ·		109.94 70
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.									16	85.63 %
17	If the current	value of the assets of	of the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV C	ontributions an	d Liquid	ity Shortfalls							
18				ear by employer(s) and emp					1		
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE		(b) Amount pa employer(s		(0	Amouı) emplo	nt paid by oyees
	/31/2013		62000	0	·	· · · · · ·	, , ,	•		•	<u> </u>
-											
					Totals ▶	18(b)		62000	18(c)		
19	Discounted e	mployer contribution	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	year:			
	a Contribution	ns allocated toward	unpaid min	imum required contributions	s from prior	years	·····	19a			0
	b Contribution	ns made to avoid res	strictions ad	djusted to valuation date			·····	19b			0
	c Contribution	ns allocated toward m	inimum req	uired contribution for current y	ear adjusted	d to valuation	n date	19c			58435
20	Quarterly cor	tributions and liquidi	ty shortfalls	s:							
	a Did the pla	n have a "funding sh	ortfall" for t	the prior year?						X	Yes No
	b If line 20a	is "Yes," were require	ed quarterly	y installments for the curren	t year made	in a timely	manner?				Yes X No
	c If line 20a	is "Yes," see instruct	ons and co	emplete the following table a							
	(4)	104		Liquidity shortfall as of e	nd of quarte		-			/A) A#-	
	(1)	1st		(2) 2nd	0	(3)	3rd	0		(4) 4th	
		0			0			0			0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	b Appl	icable month (enter code)			21b				0
22	Weight	ed average ret	irement age			22				70
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				cuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired		
		-							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		•	o alternative funding rules, ent	ter applicable code and see instruc	ctions regarding	27		_		
Do				ım Required Contribution	c For Prior Voore	1 1				
28	rt VII		-	years		28				0
29			•	I unpaid minimum required contrib						0
				unpaid minimum required contrib		29				0
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	ions):						
	a Targe	et normal cost	(line 6)			31a				8483
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				8483
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lr	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortization	n installment			0				0
33				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				0
				Carryover balance	Prefunding bala	nce	To	tal bal	ance	
35		_	use to offset funding							
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0
37				ontribution for current year adjuste		37				58435
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		1				
	a Total	(excess, if any	y, of line 37 over line 36)			38a				58435
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	l minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0
40	Unpaid	l minimum requ	uired contributions for all years	S		40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:		-				
	a Sche	dule elected				Г	2 plus 7 yea	rs	15	years
	b Eligib	ole plan year(s) for which the election in line	41a was made				2010	_	2011
42			•			42	<u> </u>	_1		
				d over to future plan years		43				

Schedule SB, line 19 - Discounted Employer Contributions

Harvey Wolinsky M.D. P.C. Defined Benefit Plan 13-3036371 / 001

For the plan year 01/01/2013 through 12/31/2013 Valuation Date: 01/01/2013

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	
Deposited Contribution Applied to Additional Contribution	12/31/2013 01/01/2013	\$62,000 62,000	58,435	0	0	6.1	0
Totals for Deposited Contribution		\$62,000	\$58,435	\$0	\$0		

WOLINSKY

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

Harvey Wolinsky M.D. P.C. Defined Benefit Plan 13-3036371 / 001 For the plan year 01/01/2013 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, Part V Summary of Plan Provisions

Harvey Wolinsky M.D. P.C. Defined Benefit Plan 13-3036371 / 001

For the plan year 01/01/2013 through 12/31/2013

Employer: Harvey Wolinsky M.D. P.C.

Type of Entity - C-Corporation

EIN: 13-3036371 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2004 Year end - 12/31/2013 Valuation - 01/01/2013

Top Heavy Years - 2004, 2005, 2006, 2007, 2008, 2009, 2012, 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 - Anniversary date coincident with or nearest following attainment of age 65 and completion of 5 years of

participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Derived from the fixed benefit formula below:

100% of average monthly compensation reduced by 1/25 for each year of participation less than

25 years

Accrued Benefit - Pro-rata based on participation

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: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

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

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$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

Schedule SB, Part V Summary of Plan Provisions

Harvey Wolinsky M.D. P.C. Defined Benefit Plan 13-3036371 / 001

For the plan year 01/01/2013 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 - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G83 - 1983 Group Annuity

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Eraployee 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

v.130118

and section 6059 of the Code).

This Form is Open to Public Inspection

File as an attachment to Form \$500 or \$500-SF. Procedure plan year 2013 or faced plan year beginning. 01/01/2013 and ending 12/31/2013 Pround off amounts to nearest dollar. Caution. A penalty of \$1.00 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Harvey Wolansky MD PC Defined Benefit Plan B Three digit plan number (PN)	File as an attachment	to Form 5500 or	EEOO CE	Ī	
Caution. A possity of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Rarvey Wolinaky MD PC Defined Benefit Plan C Plan sponsor's name as shown on line 2a of Form 5500 or 5500 SF Rarvey Wolinaky MD PC E Type of plan Single Multiple-A Multiple-B F Prior year plan size Signor or fewer 101-500 Move than 500 Part Basic Information E Type of plan Single Multiple-A Multiple-B F Prior year plan size Signor or fewer 101-500 Move than 500 Part Basic Information E Type of plan Single Multiple-A Multiple-B F Prior year plan size Signor or fewer 101-500 Move than 500 Part Basic Information E Type of plan Single Multiple-A Multiple-B F Prior year plan size Signor or fewer 101-500 Move than 500 Part Basic Information E Type of plan Single Multiple-A Multiple-B F Prior year plan size Signor or fewer 101-500 Move than 500 Part Basic Information E Type of plan Single Multiple-A Multiple-B F Prior year plan size Signor or fewer 101-500 Move than 500 Part Basic Information E Type of plan Single Multiple-A Multiple-B F Prior year plan size Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 B F Prior year plan size Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle Signor or fewer 101-500 Move than 500 A Seattle S	1 of Caleridal plan year 2013 or fiscal plan year beginning 01/01/20	013		2/31/2013	
Barvew Wollinsky MD PC Defined Benefit Plan				2/31/2013	
Barvew Wollinsky MD PC Defined Benefit Plan	Caution: A penalty of \$1,000 will be assessed for late filing of this report unle	ess reasonable car	use is established		
Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Rarvev Wollinsky MD PC	A Name of plan		_		
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size 100 or fewer 101-500 More than 500 Part 1 Basic Information 1 Enter the valuation date:	Harvey Wolinsky MD PC Defined Benefit Plan		, u.g.t	N) •	001
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size 100 or fewer 101-500 More than 500 Part 1 Basic Information 1 Enter the valuation date:					
E Type of planix Single Multiple-A Multiple-B F Prior year plan size 101-500 More than 500			D Employer Identific	ation Number (E	EIN)
Paint Basic Information	Harvey Wolinsky MD PC			·	
Enter the valuation date: Month 01 Day 01 Year 2013	E Type of plan: X Single Multiple-A Multiple-B F Prio	or year plan size: 🔯	100 or fewer 101	-500 Moro	than EOO
Assets: a Market value				300 L I Mole	tiaii 500
2 Assets: a Market value	1 Enter the valuation date: Month 01 Day 01	Year 2013			
b Actuarial value 2b 1,800,247 Tending target/participant count breakdown: a For retired participants and beneficiaries receiving payment b For retired participants a For retired participants C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active 3 Tending target participants (3) Total active 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 5 Funding target effecting 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 6 Target normal cost 5 Effective with epiphable law and regulations. In my opinion, each other assumptions is reakonable tolking into account the expension of the plan and reasonable overedations) and succeptations in many popinion, each other assumption is reakonable tolking into account the expension of the plan and reasonable overedations) and succeptations in my opinion, each other assumption is reakonable (along in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presented assumptions in accordance with applicable law and regulations. In my opinion, each other assumption is reakonable (along into account the expension of the plan and reasonable overedations) and such other assumptions in reakonable (along into account the expension of the plan and reasonable overedations) and such other assumptions in reakonable (along into account the expension of the plan and reasonable overedations) and such other assumptions in reakonable (along into account the expension of the plan and reasonable overedations) and such other assumptions in reakonable (along into account the expension of the plan and reasonable overedations) and such other assumptions in reakonable (along into account the expension of the plan and reasonable overedations) and such other assumptions in reakonable (along in the expension of the plan and reasonable					
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a For retired participants and beneficiaries receiving payment a For retired participants b For terminated vested participants C For active participants 3a C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active 3c(3) 3 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) a Funding target disregarding prescribed at-risk assumptions b Funding target disregarding prescribed at-risk assumptions b Funding target reflecting the information supplied in this schadule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in the schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumptions was applied in accordance with applicable is want replacibles. In micromatics usual productions in reasonable (subrup into account the experience of the plan and reasonable expectations) and such other assumptions. in combination, other my best estimate of anticipatited experience under the plan. Type or print name of actuary Michael Frank, FSA Type or print name of actuary Michael Frank, FSA Type or print name of actuary Most recent enrollment number (203) 371–8839 Telephone number (including area code) US Bridgeport CT 06606 Address of the firm the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	b Actuarial value				
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4 If the plan is in at-risk status, check the box and complete lines (a) and (b) a Funding target disregarding prescribed at-risk assumptions 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 6 Target normal cost To the beat 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 ny beat estimate of anticipated experience under the plan. SIGN HERE Michael Frank, FSA Type or print name of actuary Most recent enrollment number MVA Pension Services, Inc. (203) 371–8839 Telephone number (including area code) 3851 Main Street, Suite 205 Telephone number (including area code) the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	d Total		2		1,637,399
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	he actuary has not fully reflected any regulation or ruling promulgated under the st structions	tatute in completin	g this schedule, check	the box and see	
Schedule SR (Form 5500) 2042					

	Sche	dule SB (Form 5500) 2013		Page 2						
Pa	rt II B	eginning of Year Carryov	er and Prefunding Bal	ances						
					(a) C	Carryover balance)	(b) F	refundi	ng balance
7	Balance a	t beginning of prior year after appli	cable adjustments (line 13 fro	m prior						•
							0			0
8		ected for use to offset prior year's f	• • •	I			o			
9	. , ,	maining (line 7 minus line 8)					0			0
10		line 9 using prior year's actual ret					0			0
11		s excess contributions to be added								0
•••	•	t value of excess contributions (lin					-			18,065
		t on (a) using prior year's effective	. , ,				-			10,005
		se provided (see instructions)								887
	C Total a	vailable at beginning of current pla	n year to add to prefunding ba	alance .						18,952
	d Portion	of (c) to be added to prefunding b	alance							18,952
12	Other redu	uctions in balances due to election	s or deemed elections				0			18,952
13	Balance a	t beginning of current year (line 9 -	+ line 10 + line 11d - line 12) •				0			0
Pa	rt III	Funding Percentages								
14	Funding ta	rget attainment percentage	•••••				• • • • • • • •		14	109.94 %
15	Adjusted f	unding target attainment percentag	ge				• • • • • • • •		15	109.94 %
16		s funding percentage for purposes ar's funding requirement							16	85.63 %
_17	If the curre	ent value of the assets of the plan	is less than 70 percent of the f	funding targ	jet, enter s	such percentage	•••••	• • • • • • • • • • • • • • • • • • • •	17	%
Pa	rt IV	Contributions and Liquid	lity Shortfalls							
18	Contribution	ons made to the plan for the plan y	rear by employer(s) and emplo	oyees:						
(M	(a) Date M-DD-YYY	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) (MM-DD	Date 0-YYYY)	(b) Amoun employ				unt paid by loyees
12/	/31/2013	62,000								
				Tetala	40/5)			40/->	 	
4.5				Totals	, ,			00 18(c)	<u>'L</u>	
19		d employer contributions see ins								
		utions allocated toward unpaid mir					19a			0
		utions made to avoid restrictions a	•				19b			<u> </u>
20		utions allocated toward minimum r	<u>'</u>	nt year adju	sted to val	luation date	19c			58,435
20	Quarterly (contributions and liquidity shortfalls	S.							

(3) 3rd

Liquidity shortfall as of end of quarter of this plan year

(4) 4th

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

(2) 2nd

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

(1) 1st

Pa	art V	Assumptio	ons Used To Determine	e Funding Target and Targ	jet Normal Cost						
21	Discou	nt rate:									
	a Seg	ment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %		☐ N/A, fu	ıll yield curv	ve used		
	b App	licable month	(enter code)			21b		0			
22	22 Weighted average retirement age					22			70		
23 Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute											
Pa	rt VI	Miscellane	eous items								
	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment										
			<u>`</u>	Participants? If "Yes," see instruct							
27								• • 🔲 163	S EL INO		
	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment					27					
Pa	rt VII	Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years						
28	Unpaid	I minimum req	uired contributions for all prior	years		28					
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)								0		
30	Remaii	ning amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30			0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost a	nd excess assets (see instruct	tions):							
	a Targ	et normal cost	(line 6)			31a			8,483		
	b Exce	ss assets, if a	pplicable, but not greater than	line 31a		31b			8,483		
32	Amortiz	zation installm	ents:		Outstanding Bala	ance	lr	stallment			
	a Net s	shortfall amorti	zation installment			0			0		
	b Waiv	er amortization	n installment								
33	If a wai			nter the date of the ruling letter gran		33					
34	Total fu	unding requirer	nent before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34			0		
			<u> </u>	Carryover balance	Prefunding Bala	ince	To	tal balance			
35			use to offset funding								
36	Additio	nal cash requi	rement (line 34 minus line 35)			36			0		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)									58,435		
38	Presen	t value of exce	ess contributions for current ye	ear (see instructions)							
	a Total	(excess, if an	y, of line 37 over line 36)			38a			58,435		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances									0		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)									0		
40 Unpaid minimum required contributions for all years											
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 Eligib	ole plan year(s) for which the election in line	41a was made		. 200	08 2009	2010	2011		
42	Amount	of acceleration	n adjustment			42					
43	Excess	installment acc	43								

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Harvey Wolinsky M.D. P.C. Defined Benefit Plan 13-3036371 / 001

For the plan year 01/01/2013 through 12/31/2013

Valuation Date: 01/01/2013

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 - Highest 3 consecutive years of service

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

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. 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) & (G)

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 - G83 - 1983 Group Annuity 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 top 20% of employees

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

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

Pre-Retirement - Interest - 7.5%

Post-Retirement - Interest - 6%

Mortality Table - Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Not tested As 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

401(a)(26) Testing:

WOLINSKY

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Harvey Wolinsky M.D. P.C. Defined Benefit Plan 13-3036371 / 001

For the plan year 01/01/2013 through 12/31/2013

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

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