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

2012

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 12/31/2	2012	and ending 1	2/30/2	<u>2013</u>
	curn/report is for:	X a single-employer plan ☐ the first return/report	a multiple-employer p	lan (not multiemployer)		a one-participant plan
D Inis ret	urn/report is:	님 '	H		(1 \	
		an amended return/report	H	n/report (less than 12 mo	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name					1b	Three-digit
KA LI, MD D	EFINED BENEFIT PE	NSION PLAN				plan number (PN) 001
					10	Effective date of plan
					10	12/31/2006
2a Plan sp 139 MEDICA		dress; include room or suite numbe	r (employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 45-1642474
					20	Sponsor's telephone number
139 CENTR	E STREET					212-925-4993
SUITE 618 NEW YORK					2d	Business code (see instructions) 621111
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Plai	n Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
						·
		e plan sponsor has changed since the	he last return/report filed for	or this plan, enter the	4b	EIN
	, ⊑iiv, and the pian hui or's name	mber from the last return/report.			4c	PN
•		at the beginning of the plan year			5a	2
		at the end of the plan year				
	•	• •			5b	2
		account balances as of the end of th	, ,	•	5c	
6a Were	all of the plan's assets	s during the plan year invested in eli	igible assets? (See instruc	ctions.)		X Yes No
•	· ·	f the annual examination and report			,	
		? (See instructions on waiver eligibil				
		ither line 6a or line 6b, the plan ca				
		or incomplete filing of this return				
		her penalties set forth in the instruct nd signed by an enrolled actuary, as				
	true, correct, and com		Won do the electronic ver	olon or time return, report	, and	is the book of my knowledge and
	Filed with outborized	halid algetranic signature	10/07/2014	17.0 1.1		
SIGN HERE		valid electronic signature.		KA LI		
	Signature of plan a		Date		ual sig	ning as plan administrator
SIGN HERE		valid electronic signature.	10/07/2014	KA LI		
	Signature of emplo		Date			ning as employer or plan sponsor
Preparer's	name (including firm n	name, if applicable) and address; inc	ciude room of suite numbe	er (optional)	Prep	parer's telephone number (optional)

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Va	ar		
<u>,</u>	Total plan assets	7a	(a) Beginning of Tea				(b) Lilu (6436	1	
	Total plan liabilities	7b		0						<u>' </u>	
	Net plan assets (subtract line 7b from line 7a)	7c	48919					F	6436		
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount	,,,			(b) To		10430	_	
	Contributions received or receivable from:		(a) Amount				(6) 1	Jiai			
	(1) Employers	8a(1)	10000	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	9279)3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	92793	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g	1761	9							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1761	9	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						_	7517	4	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes 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	cterist	ic Co	des in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δma	unt		
а				10a		Х					
b		? (Do not	include transactions reported	10b		Х					
С					Χ						
				10c						6/	7000
d	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the commissions.	of the bene	efits under the plan? (See	40-		X					
	instructions.)			10e		X					
	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
g		•	<u> </u>	10g		X					
h	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)							X	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a					0
12	Is this a defined contribution plan subject to the minimum funding				ction		FRISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	5.1011	30 <u>2</u> 01		Ш	. 33	**	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th		ie le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					_ Бау		ı ea			
	Enter the minimum required contribution for this plan year	•				12b					

	Form 5500-SF 2012 Page 3 - 1			
			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
<u>e</u>	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?		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		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

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).

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

OMB No. 1210-0110

2012

For	calenda	ır plan year 2012	or fiscal plan	year beginning	12/31/201	12				and end	ding 1	2/30/	2013		
•	Round	off amounts to r	nearest dollar	:											
•	Caution	: A penalty of \$1	,000 will be as	ssessed for late fil	ling of this rep	port u	ınless reaso	nable ca	ause is	establish	ned.				
	lame of								В	Three-d	igit			00	24
KA	_I, MD D	EFINED BENEF	IT PENSION	PLAN						plan nur	mber (P	N)	•	00	J1
C F	lan spoi	nsor's name as s	hown on line	2a of Form 5500 o	or 5500-SF				D	Employe	r Identifi	catio	n Number	(EIN)	
139	MEDIC	AL PC							45-	1642474					
_						_			1						
	ype of pl		Multiple-A	Multiple-B		F P	Prior year pla	n size: >	100	or fewer	10	1-500	More	than 500	
		Basic Inform													
1		he valuation date) :	Month 12	Day <u>3</u>	81	Year 2	2012	_						
2	Assets										2.				40574
											2a				48574
_												,			48574
3		ig target/participa				Ī	3a	(1) N	lumbei	r of partic	cipants	0	(2)	Funding	
				iaries receiving pa	•		3b					0			(
							SD					0			(
		active participant				ſ	30(1)					_			(
	•	,				ŀ	3c(1) 3c(2)								
	(2	•					` ,					2			333099
	(3 d Tata	•				ŀ	3c(3) 3d					2			333099
4				ne box and compl					П						333099
7			·		` ,	`	,		ш		4				
	_	0 0 0		ibed at-risk assum	•										
				sumptions, but dis consecutive years							41	ו			
5	Effectiv	ve interest rate									5				6.88 %
6	Target	normal cost									6				58165
Stat	ement b	y Enrolled Actu	ıary												
á	ccordance	with applicable law ar	nd regulations. In r	ed in this schedule and ny opinion, each other a xperience under the pla	assumption is rea										
	IGN					_			_						
Н	ERE								_				10/01/	2014	
			_	ature of actuary									Date		
THE	ODORE	ANDERSEN, M	.A.A.A., MSPA	4					_				14-02		
			Type or p	orint name of actu	ary						Mos	st rec	ent enrolln	nent numb	per
PEN	SION AS	SSOCIATES							_				203-3	56-0306	
		MAIN STREET, 0, CT 06902	SUITE 230	Firm name						ד	Γelepho	ne nu	mber (incl	uding are	a code)
			Ade	dress of the firm					_						
If the	actuary	has not fully refle	ected any regi	ulation or ruling pr	romulgated u	nder	the statute	n comple	etina th	nis sched	lule, che	ck th	e box and	see	П
	ctions	Hot rully roll	color any rogi	g pi	. J. Haigatoa u	. 1001	o olalalo	oompic	uy		, 0.10	, J	S SON GITG	300	Ш

Page	2	-

Schedule SB (Form 5500) 2012

Pa	rt II Be	ginning of Year	Carryove	er Prefi	unding Balar	nces								
		<u> </u>						(a) (Carryover balance		(b) I	Prefundi	ng balanc	е
7		eginning of prior year		•	•					0			5	52942
8		ed for use to offset p	•	Ū						0				0
9	Amount rema	aining (line 7 minus li	ne 8)							0			5	52942
10	Interest on lin	ne 9 using prior year'	s actual retu	ırn of	5.00%					0				2647
11	Prior year's e	xcess contributions	to be added	to prefur	nding balance:									
	a Present va	lue of excess contrib	utions (line	38a from	prior year)								3	37028
		(a) using prior year's												1922
	C Total availa	ble at beginning of cu	rrent plan ye	ar to add	to prefunding bala	ance							3	8950
	d Portion of	(c) to be added to pro	efunding bal	ance										0
12	Other reducti	ons in balances due	to elections	or deem	ed elections					0				0
13	Balance at be	eginning of current ye	ear (line 9 +	line 10 +	· line 11d – line 1	2)				0			5	5589
Pa	art III F	unding Percent	ages											
14	Funding targ	et attainment percen	tage									14	129.	13 %
15	Adjusted fund	ding target attainmen	it percentage	e								15	145.	82 %
16		unding percentage fo funding requiremen										16	90.	18 %
17	If the current	value of the assets of	of the plan is	less tha	n 70 percent of t	ne fund	ling targe	et, enter s	such percentage			17		%
Pa	art IV C	ontributions an	d Liquidi	ty Sho	rtfalls									
18	Contributions	made to the plan fo	r the plan ye	ear by em	nployer(s) and en	nployee	es:							
(M	(a) Date M-DD-YYYY)	(b) Amount p employer			mount paid by mployees	(M	(a) Dat 1M-DD-Y		(b) Amount pai employer(s		(0		nt paid by oyees	
11	/01/2013		17240		()								
04	/01/2014		82381		()								
12	2/20/2013		379		()								
												1		
						Tota	als ►	18(b)		100000	18(c)			0
19		mployer contribution			•									
	_	ns allocated toward							<u> </u>	19a				0
		ns made to avoid res							<u> </u>	19b				0
		ns allocated toward m			ribution for current	year ac	djusted to	o valuatior	n date	19c				92473
20	•	tributions and liquidi	•] Va.: □	Nic
	•	n have a "funding sh										 _	Yes X	No
		is "Yes," were require						a timely	manner?				Yes	No
	C If line 20a	s "Yes," see instruct	ions and cor	•	e following table ity shortfall as of			of this pla	ın vear					
	(1)	1st		(2)	2nd	end of	quarter C	(3)	3rd	Ι		(4) 4th	1	
	. , ,			. ,				. ,						

			ns Used to Determine	Funding Target and Targe	t Normal Cost				
21	Discou	ınt rate:							
	a Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yield	l curve	used
	b App	licable month (enter code)			21b			0
22	Weight	ted average ret	irement age			. 22			62
23	Mortali	ity table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	e		
Pa	rt VI	Miscellane	ous Items						
24		Ū	•	uarial assumptions for the current			· · -	d Yes	X No
25	Has a	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	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27	If the p	olan is subject to	o alternative funding rules, en	er applicable code and see instruc		27	<u> </u>		<u>,</u>
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28			•	years		28			0
29				I unpaid minimum required contrib					
				anpara minimani regalica comine		29			0
30	Remai	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	t normal cost a	nd excess assets (see instruct	ions):					
	a Targe	et normal cost	(line 6)			. 31a			58165
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b			58165
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Installn	nent	
	a Net s	shortfall amortiz	zation installment			0			0
	b Waiv	ver amortization	n installment			0			0
33	If a wa	iver has been a	approved for this plan year, en	ter the date of the ruling letter grar		33			0
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	C		0			0
36	Additio	nal cash requir	rement (line 34 minus line 35)			36			0
37				ontribution for current year adjuste		37			92473
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)		'			
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a			92473
				orefunding and funding standard c		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		<u> </u>	-			
	a Sche	edule elected				П	2 plus 7 years	15 y	ears
	b Eliail	ble plan vear(s)) for which the election in line	41a was made				╘	2011
42						42			
			celeration amount to be carrie			43			

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Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor

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

OMB Nos. 1210-0110 1210-0089

2012

	Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public							
Pen	sion Benefit Guaranty Corporation	► Complete all entries in accor	dance with the inst	uctions to the Form 550	10-SE	hypection		
Par		Identification Information			,			
For ca	endar plan year 2012 or fis	cal plan year beginning	12/31/2012	and ending	12,	/30/2013		
A Th	a return/report is for:	🗶 a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan		
B Thi	s return/report is:	the first return/report	the final return/repo			o one-paracipant plan		
		an amended return/report		um/report (less than 12 n				
C Ch	eck box if filing under:	x Form 5558		anmepor (ress train 12 n	ionius)	l		
w on	ack ook a mang under:		automatic extension			DFVC program		
		special extension (enter description	•					
Part	III Basic Plan Info	rmation enter all requested infor	mation					
Tal N	ame of pian					hree-digit		
K	a Li, MD Defined B	enefit Pension Plan				lan number PN) ► 001		
						ffective date of plan		
<u> </u>						2/31/2006		
28 PI	an sponsor's name and add 39 Madical PC	fress; Include room or suite number (e	mployer, If for a singl	employer plan)	2b €	mployer Identification Number		
						IN) 45-1642474		
						ponsor's telephone number		
	39 Centre Street					212) 925-4993		
	iite 618 W York	WT 10010				usiness code (see instructions) 21111		
	1	NY 10013 d address X Same as Plan Sponsor	Name C Come as	DI D Add				
•		Securess Est Service as Flam Spurison	Name [] Same as	Plan Sponsor Address	JID A	dministrator's EIN		
						40.		
					3c Ad	iministrator's telephone number		
		•						
4 if (he name and/or EIN of the	plan aponsor has changed since the la	vi return/report flied:	or this pion, agree the	4b Ell	B.I		
na	me, EIN, and the plan numb	per from the last return/report.	or return aport med	or mus brain, anner mic	40 EI	N		
a Sp	onsor's name				4c PN			
5a To	tal number of participants a	t the beginning of the plan year	**************************	***************************************	5a	2		
b To	tal number of participants a	t the end of the plan year		***************************************	5b	2		
C Nu	mber of participants with ac	count balances as of the end of the pla	an vear (defined ben-	offt plans do not				
CO)	npiete triis (tem)				_5c			
		uring the plan year invested in eligible			***********	XYes No		
D An	s you claiming a waiver of th der 29 CFR 2520 104-462 (ne annual examination and report of ar See instructions on walver eligibility an	independent qualifie ed conditions \	d public accountant (IQP	A)			
		er line 6e or line 6b, the plan cannot				X Yes No		
Cautio	n: A populty for the late of	r incomplete filing of this return there	<u>use rom 5500-5r</u>	end must matera use F	<u>orm 5501</u>	<u>. </u>		
3001	scueanie ino combierób sud	er penalties set forth in the instructions if signed by an enrolled actuary, as wei	i, rueciare mai, maye il as the electronic ve	exammed uns recurring,	ini, moius and to th	uing, ii applicable, a Stredule te heet of my knowledge and		
belief, i	tie true, correct, and compl	oto.			ano 10 11	ie oost of my knowledge and		
SIGN	12	1.	10/01/14	Ka Li				
HERE	Signature of plan admin	istrator	Date	Enter name of individual	-11			
1323	Und	/-	10/05/14	Ra Li	signing a	as piatri aoministrator		
SIGN HERE	Signature of employer/p		 					
10 10 10]	me, if applicable) and address; include	Date			employer or plan sponsor		
	. o nomo (moreung mini na	me, ii approable) and address, illeidde	room or suite numbi	r (optional)	Preparer	's telephone number (optional)		
				j		ļ		
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				1	on our West of the Specific of the Control			
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_	Form 5500-SF 2012		Page 2						
P	art III Financial Information				-				
7	Plan Assets and Liabilities	or to the	(a) Beginning of Yea	•r	<u> </u>		/h) End		
a	Total plan assets		489,1		+		(b) End		
b	Total plan liabilities		7037.	0				664	
Ç	Net plan assets (subtract line 7b from line 7a)	7c	489,3		 				0
8	Income, Expenses, and Transfers for this Plan Year	j krijirijk dale	(a) Amount	.50	+-		(b) 7	664, Fotal	354
а	Contributions received or receivable from:		(-)		1.87	, 11 () 1 - 1 (Strate Living Co.	19 19 19 19 19 19 19 19 19 19 19 19 19 1	ing selectings
	(1) Employers	8a(1)	100,0	10 Q	\$40-7		***************************************	<u> 4. 1917 5</u>	
_	(2) Participants	8a(2)		0					
ь	(3) Others (including rollovers)								<u> </u>
	Other income (loss)	8b	92,7	93	4.1		d M. Disk I		
q	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and Insurance premiums to provide benefits)				j. 1735.	4577	Jan Bara	192,	793
e	Certain deemed and/or corrective distributions (see instructions)	8d			N.C. (A)			kinida tiran	
Ť	Administrative service providers (salaries, fees, commissions)	8c			-		<u> </u>		
ġ		8r		0	V 1.3			<u> 1911 - 1941 - 1941</u>	<u> Antonio Spira</u>
	Other expenses	8g	17,6	19		The View		<u> </u>	<u> </u>
" -	Total expenses (add lines 8d, 8e, 8f, and 8g) Net Income (loss) (subtract line 8h from line 8c)	8h			+			17,	
-				(h)	4			175,	174
	Transfers to (from) the plan (see instructions)	8]				<u> </u>			
-	nt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code:	s from the List of Plan Charact	eristic	Code	s in th	e instructio	rns:	
_	1A 1C 3B 3D								
ь	if the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characte	ristic (Codes	In the	instruction	15:	
Pa	rt V Compliance Questions	· · · · · · · · · · · · · · · · · · ·							
10	During the plan year.		• , , , , , , , , , , , , , , , , , , ,		Yes	No	i	Amount	
3		ons within t	the time period described in	10a		x		Amount	***
þ		(Do not inc	clude transactions reported	10Ь		×			
C				10c	x			6	7,000
d		delity bond	. that was caused by fraud	104		×			
2	Ware any fees or commissions paid to any brokers, agents, or other	r persons l	ov an insurance carrier.	1 1					
	insurance service or other organization that provides some or all of	the benefit	s under the plan? (See		,	•			
	Instructions.)	***************************************		10c		ж			
f	Has the plan falled to provide any benefit when due under the plan?	·	12+4614+661	10f		x			
g	Did the plan have any participant loans? (if "Yes," enter amount as	of year end	1.)	108		x			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruct	ions and 29 CFR	10h					
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required n	otice or one of the	10i			WA (14.)		
Par	t VI Pension Funding Compliance			1				Mingeline Man	
11	1 - 11 - 11		<u> </u>					T	
	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)		***************************************				(Form	X Yes	□ No
	Enter the amount from Schedule SB line 39			*********		11a			0
12	is this a defined contribution plan subject to the minimum funding re	quirement	s of section 412 of the Code or	secti	on 302	of E	RISA?	Yes	X No
	(If "Yee," complete line 12a or lines 12b, 12c, 12d, and 12c below, c								
a			in this plan was as a matrical	th		Day		Year	
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule I								
ь	Enter the minimum required contribution for this plan year					2b			
						-41			

	Form 5500-SF 2012 Page 3-			
	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 (onter 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			100	
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		23 X	No.
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	130	-9 1	
ņ	Wors all the plan accord distributed to participants or beneficiaries, transferred to another plan, or brought under the color the PBGC?	ntroi		☐ Yes 🛣 No
C	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.)			
1	20(1) Name of all (-1)	2) FIN(s)	13e(3) PN(s)
Part	Vill Trust Information (optional)		•	
14a N		14 6 Tr	uaťa ElN	

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

Ka Li, MD Defined Benefit Pension Plan 45-1642474 / 001 For the plan year 12/31/2012 through 12/30/2013

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 19 - Discounted Employer Contributions

Ka Li, MD Defined Benefit Pension Plan 45-1642474 / 001

For the plan year 12/31/2012 through 12/30/2013 Valuation Date: 12/31/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	11/01/2013	\$17,240					
Applied to Additional Contribution	12/31/2012	17,240	16,308	0	0	6.88	0
Deposited Contribution	12/20/2013	\$379					
Applied to Additional Contribution	12/31/2012	379	355	0	0	6.88	0
Deposited Contribution	04/01/2014	\$82,381					
Applied to Additional Contribution	12/31/2012	82,381	75,810	0	0	6.88	0
Totals for Deposited Contribution		\$100,000	\$92,473	\$0	\$0		

Schedule SB, Part V Summary of Plan Provisions

Ka Li, MD Defined Benefit Pension Plan 45-1642474 / 001

For the plan year 12/31/2012 through 12/30/2013

Employer: 139 Medical PC

Type of Entity - S-Corporation

EIN: 45-1642474 TIN: 45-1642474 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 12/31/2006 Year end - 12/30/2013 Valuation - 12/31/2012

Top Heavy Years - 2009, 2010, 2011, 2012

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 - 500 Vesting - 1000

Plan Entry - 12/31 or 06/30 the plan year on or next following eligibility satisfaction.

Retirement: Normal - Attainment of age 62 and completion of 10 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 graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula

not less than 4.05% of average monthly compensation per year

of participation limited to 10 year(s)

not less than 2% of average monthly compensation per year of

participation limited to 10 year(s)

Accrued Benefit - Unit credit 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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Face Amount minus Cash Value plus 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 - \$250,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Vesting Schedule: 100% Vested immediately

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Ka Li, MD Defined Benefit Pension Plan 45-1642474 / 001

For the plan year 12/31/2012 through 12/30/2013

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	0.97
Segment 2	6 - 20	3.50
Segment 3	> 20	4.60

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Ka Li, MD Defined Benefit Pension Plan 45-1642474 / 001

For the plan year 12/31/2012 through 12/30/2013

Valuation Date: 12/31/2012

Funding Method: As prescribed in IRC Section 430

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

New participants are not included in current year's valuation

Retrospective 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 or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence 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) the greater of plan actuarial equivalence interest and mortality or 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	1.66
Segment 2	6 - 20	4.47
Segment 3	> 20	5.52

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - 7%

Post-Retirement - Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 12E - 2012 Applicable Mortality Table for 417(e) (unisex) at 5%

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

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Ka Li, MD Defined Benefit Pension Plan 45-1642474 / 001

For the plan year 12/31/2012 through 12/30/2013

401(a)(26) Testing:

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

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

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

2012

	Chiston Benefit Guaranty Corporation	File as an attachme	nt to Form	5500 or 5	5500-SF.							
For	For calendar plan year 2012 or fiscal plan year beginning 12/31/2012 and ending 12/30/2013											
≯I	▶ Round off amounts to nearest dollar.											
<u> </u>	Caution: A penalty of \$1,000 will be	e assessed for late filing of this report u	nless reas	onable cau	use is establishe	d.						
A١	A Name of plan B Three-digit											
Ka	Li, MD Defined Benefit	Pension Plan			plan num	ber (PN)	001				
C P	lan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer I	dentifica	tion Number	(FIN)				
139	Medical PC				<u> </u>	13-104	24/4					
Ет	ype of plan: X Single Multiple	e-A 🔲 Multiple-B 📗 📙 F	Prior year p	lan size:	x 100 or fewer	101-	500 🔲 Moi	re than 500				
p:	art I Basic Information											
1	Enter the valuation date:	Month 12 Day 31	Year	2012								
<u>'</u>	Assets:	WORKI 12 Day 31		2012	- .							
_						2a		485,745				
						2b		485,745				
3	Funding target/participant count b				umber of particip	ants	(2)	Funding Target				
Ŭ		eficiaries receiving payment	3a	1	annon or particip	0		0				
	b For terminated vested participar	·	3b			0		0				
	c For active participants:	'										
	• •		3c(1)					0				
	` '		3c(2)					333,099				
	٠,		- (-)			2		333,099				
		• • • • • • • • • • • • • • • • • • • •				2		333,099				
4	If the plan is in at-risk status, chec	ck the box and complete lines (a) and (b	D)									
	•	scribed at-risk assumptions	•			4a						
	b Funding target reflecting at-risk	assumptions, but disregarding transitio	n rule for p	lans that I	have been in	4b						
		ive consecutive years and disregarding	loading fa	ctor	• • • • • • • • • • • • • • • • • • • •	<u> </u>						
					·	5		6.88 %				
6			• • • • • • • • • • • • • • • • • • • •	•••••	•••••	6		58,165				
T	ement by Enrolled Actuary to the best of my knowledge, the information succordance with applicable law and regulations. ombination, offer my best estimate of anticipate	upplied in this schedule and accompanying schedule. In my opinion, each other assumption is reasonabled experience under the plan.	es, statements e (taking into a	and attachmo	ents, if any, is comple xperience of the plan	te and accu and reason	urate. Each presr able expectation:	ibed assumption was applied in s) and such other assumptions, in				
	IGN ~ ERE	L a					10/01/20	14				
		signature of actuary					Date					
	Theodore Anderse	en, M.A.A.A., MSPA					14-02034					
	Туре	or print name of actuary				Most r	ecent enrolln	nent number				
	Pension Associat	tes				(2	03) 356-0)306				
		Firm name			Te	elephone	number (inc	luding area code)				
	2001 West Main S	Street, Suite 230										
	US Stamford	CT 06902										
		Address of the firm										
	actuary has not fully reflected any	regulation or ruling promulgated under	the statute	in comple	eting this schedu	le, check	the box and	see				

Page	2	

Schedule SB (Form 5500) 2012

Pai	∦II R	eginning of Year	Carryov	er Prefunding Balance	25							
		egining or real	ourryor	er i retanding Balanet		(a)	Carryover balance		(b) F	refundi	ng balance	
7	Balance at year)	beginning of prior year	r after appli	cable adjustments (line 13 fro	m prior			0			52,9	942
8				unding requirement (line 35 fr				0				0
9								0			52,9	942
10				urn of5.00%				0			2,6	547
11				I to prefunding balance:								
	a Present	t value of excess contri	butions (line	e 38a from prior year)							37,0	28
	b Interest	on (a) using prior year se provided (see instru	's effective	interest rate of5.19% e	except as						1,9	922
		•	-	n year to add to prefunding ba							38,9	950
	d Portion	of (c) to be added to pr	refunding b	alance								0
12	Other redu	ctions in balances due	to election:	s or deemed elections				0				0
13	Balance at	beginning of current ye	ear (line 9 +	line 10 + line 11d - line 12) .				0			55,5	89
Pa	rt III	Funding Percent	ages				-					
1	**************************************									14	129.13	%
15	Adjusted for	unding target attainmer	nt percentaç	ge						15	145.82	%
16				of determining whether carry						16	90.18	%
17	If the curre	ent value of the assets	of the plan i	s less than 70 percent of the	funding ta	arget, enter	such percentage			17		%
Pa	rt IV	Contributions an	d Liquid	ity Shortfalls								
18	Contribution	ons made to the plan fo	r the plan y	ear by employer(s) and emplo	yees:							
(MI	(a) Date M-DD-YYY	(b) Amount p employer((c) Amount paid by employees		a) Date DD-YYYY)	(b) Amount p employer		(unt paid by oyees	
11/	01/2013		17,240	***	12/2	0/2013		37	9			
04/	01/2014		82,381			***						
									<u> </u>			
						****			_			
						1-7-1						
					Totals	► 18(b)		100,00	0 18(c)			0
19	Discounted	d employer contribution	ıs see ins	tructions for small plan with a	valuation	n date after t	the beginning of the	year:				
	a Contribu	utions allocated toward	unpaid mir	imum required contribution fr	om prior y	years		19a				0
	b Contribu	utions made to avoid re	strictions a	djusted to valuation date	• • • • • • • • •			19b				0
	C Contribu	utions allocated toward	minimum r	equired contribution for currer	nt year ac	ljusted to va	luation date	19c			92,4	173
20		contributions and liquid										
				the prior year?				•••••	• • • • • • •		Yes 🗷 No)
	b If line 20	Da is "Yes," were requir	ed quarterl	y installments for the current y	ear mad	e in a timely	manner?			···· [Yes No)
	c If line 20	Da is "Yes," see instruc	tions and c	omplete the following table as								
		(4) 4 o b	I	Liquidity shortfall as of end	of quarte			I		(4) 4th		
		(1) 1st		(2) 2nd		(3)	3rd			(+) 4 11		
	-		İ		l			<u> </u>				

P	art V Assumptio	ons Used To Determin	e Funding Target and Targ	et Normal Cost					
21	Discount rate:								
	a Segment rates:	6	N/A, full yield curve used						
	b Applicable month	(enter code)			21b	0			
22					22	62			
	Mortality table(s) (see			scribed - separate	Substitu	te			
	rt VI Miscellane					***************************************			
24	Has a change been n	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required			
25			lan year? If "Yes," see instructions						
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required	attachment	Yes X No			
	If the plan is subject t	to alternative funding rules, er	nter applicable code and see instruc	ctions regarding	27				
Pa			um Required Contribution						
			years		28	C			
29			d unpaid minimum required contrib						
23					29	C			
30			ntributions (line 28 minus line 29)		30	C			
Pa	rt VIII Minimum	Required Contribution	n For Current Year						
31	Target normal cost ar	nd excess assets (see instruc	tions):						
					31a	58,165			
			line 31a		31b	58,165			
32	Amortization installme			Outstanding Bala	ance	Installment			
-					0	C			
					0				
33	74.004		nter the date of the ruling letter gran	nting the approval					
00) and the waived amount .		33	C			
34			er/prefunding balances (lines 31a - 3		34	0			
	Total fullding requires	nent before reneeting early ove	Carryover balance	Prefunding Bala		Total balance			
35	Balances elected for requirement	use to offset funding	0		0	C			
36					36				
	Contributions allocate	ed toward minimum required o	contribution for current year adjuste	d to valuation date	37	92,473			
20	(****	10.70			LJ				
		ess contributions for current year line 36)	1.0.00		38a	92,473			
			profunding and funding standard a		38b	92,413			
20			prefunding and funding standard c		39				
	or para minimum required community can (exceede, if any, or mine so ever mine exp. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1								
<u>40</u> Pa		uired contribution for all years Funding Relief Under	Pension Relief Act of 2010						
		de to use PRA 2010 funding re			•	- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18			
					[2 plus 7 years 15 years			
	b Eligible plan year(s) for which the election in line	41a was made		. 200	08 2009 2010 2011			
42	······································				42				
		celeration amount to be carrie			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).

2012

OMB No. 1210-0110

				▶ File as a	an attachme	ent to Form	5500 or	<u>5500-8</u>	SF.					
For	calendar	plan year 2012	2 or fiscal plan y	ear beginning	12/31	/2012			and endir	ng 12 /	30/	2013		
•	Round of	f amounts to	nearest dollar.											
•	Caution:	A penalty of \$1	,000 will be ass	sessed for late filing o	f this report	unless reas	onable ca	use is	established	d.				
A N	lame of pl	an						В	Three-dig	jit				
Ka	Li, MD	Defined E	Benefit Pen	sion Plan					plan num	ber (PN)		•	001	
<u> </u>	N				00.05			<u> </u>		J = +: f: = +:	NI:		TINI\	
	•		snown on line 28	a of Form 5500 or 55	00-SF			ן ט	Employer Id			ımber (EIN)	
139	Medica	al PC							4	5-1642	474			
E 7	une of pla	on Te Cinala	— Multiple A	Multiple D		Prior year p	lon oi-o.F	100	or fourer [7404.50	ω Г		a than EOO	
	ype of pia	in:[X] Single	Multiple-A	Multiple-B	Г	Prior year p	ian size:[.	X 1100	or rewer [101-50)U _	IVIOR	e than 500	
P	art I E	Basic Infori	mation											
1	Enter the	e valuation dat	re: I	Month12	Day 31	Year_	2012							
2	Assets:													
	a Marke	t value	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				2a				485,745
	b Actual	rial value	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		2b				485,745
3	Funding	target/particip	ant count break	down			(1) N	lumbei	r of particip	ants		(2)	Funding Tar	get
	a For re	tired participar	nts and beneficia	aries receiving payme	ent	. 3a				0				C
	b For te	rminated veste	ed participants	•••••	• • • • • • • • • • • • • • • • • • • •	. 3b				0				C
	C For ac	tive participan	ts:											
	(1)					. 3c(1)								C
	(2)						-							333,099
	(3)					. 3c(3)				2				333,099
	d Total					— ` _				2				333,099
4	If the nis	n is in at-risk s	etatus chack the	e box and complete li	nes (a) and	(h)	1			_				
_	•			e box and complete in ed at-risk assumption	` '	` '		_		4a				
			0 0.	umptions, but disrega										
				onsecutive years and				nave L	•••••	4b				
5		interest rate				<u> </u>		•••••		5				6.88 %
6	Target n	ormal cost								6				58,165
		Enrolled Act												
	To the best of	my knowledge, the	e information supplied	d in this schedule and accon y opinion, each other assum										
				perience under the plan.	plion is reasonal	bie (taking into a	account the e	experienc	se or the plant	anu reasona	bie exp	ecialions	and Such other	assumptions, in
S	SIGN													
	IERE										10/0	1/20	14	
			Signa	ature of actuary				-				Date		
		Theodore	ŭ	M.A.A.A., MSP	A						14-0	2034		
				int name of actuary				-					ent number	
		Pension	Associates	•								356-0		
				Firm name				-	Т-	•			uding area o	nde)
		2001 Wes		eet, Suite 230					16	iebiioiie i	numb	וטווו) וטי	duling aled C	oue)
		TOT HED	- IIIII DOL											
	ປຣ	Stamford	·	CT 06902				_						
			Add	ress of the firm				_						
If the	actuary h	as not fully ref	flected any regu	lation or ruling promu	Ilgated unde	r the statute	in comple	eting th	his schedul	le, check	the b	ox and	see	П

	Sche	edule SB (Form 5500) 2012		Page 2							
Pa	rt II E	Beginning of Year Carryov	er Prefunding Balance	25							
		ognining or roar oarryov	or recurrency Bulariou		(a) (Carryover balance	9	(b)	Prefundi	ng balance	
7		t beginning of prior year after appli					0			52,942	
8		ected for use to offset prior year's f	• • •	I			0			0	
9		emaining (line 7 minus line 8)					0			52,942	
10	Interest or	n line 9 using prior year's actual ref	turn of5.00%				0			2,647	
11	Prior year	's excess contributions to be added	d to prefunding balance:								
	a Presen	t value of excess contributions (lin	e 38a from prior year)							37,028	
		t on (a) using prior year's effective ise provided (see instructions)	· · · · · · · · · · · · · · · · · · ·							1,922	
	c Total a	vailable at beginning of current pla	n year to add to prefunding ba	alance						38,950	
	d Portion	of (c) to be added to prefunding b	alance							0	
12	Other red	uctions in balances due to election	s or deemed elections				0			0	
13	Balance a	t beginning of current year (line 9	+ line 10 + line 11d - line 12) •	•••••			0			55,589	
Pa	rt III	Funding Percentages									
14	Funding to	arget attainment percentage		• • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •		14	129.13 %	
15	Adjusted f	unding target attainment percenta	ge	• • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••		15	145.82 %	
16		's funding percentage for purposes ar's funding requirement				balances may be used to reduce			16	90.18 %	
_17	If the curre	ent value of the assets of the plan	is less than 70 percent of the f	funding targe	et, enter s	such percentage	••••		17	%	
Pa	rt IV	Contributions and Liquid	lity Shortfalls								
18	Contributi	ons made to the plan for the plan y	vear by employer(s) and emplo	oyees:							
(M	(a) Date M-DD-YYY	(b) Amount paid by employer(s)	(c) Amount paid by employees		a) Date (b) Amount paid by employer(s)			′	(c) Amount paid by employees		
11,	/01/2013	17,240		12/20/	2013			379			
04/	/01/2014	82,381									
				Totals ▶	18(b)		100,	000 18(0	;)	0	
19	Discounte	d employer contributions see ins	structions for small plan with a	valuation da	ate after t	he beginning of t					
	a Contrib	utions allocated toward unpaid mir	nimum required contribution fro	om prior yea	ars	• • • • • • • • • • • • • • • • • • • •	19a			0	
	b Contrib	utions made to avoid restrictions a	djusted to valuation date		• • • • • • • • •		19b			0	
	C Contrib	utions allocated toward minimum r	equired contribution for currer	nt year adjus	sted to va	luation date	19c			92,473	
20	Quarterly	contributions and liquidity shortfalls	s:								
	a Did the	plan have a "funding shortfall" for	the prior year?	• • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				Yes X No	
	b If line 2	0a is "Yes," were required quarterl	y installments for the current y	ear made ir	n a timely	manner?	•••••	•••••	[Yes No	

Liquidity shortfall as of end of quarter of this plan year

(3) 3rd

(4) 4th

 $\boldsymbol{c}\:$ If line 20a is "Yes," see instructions and complete the following table as applicable:

(2) 2nd

(1) 1st

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	get Normal Cost		
21	Disco	ount rate:					
	a S	egment rates:	,	N/A, full yield curve used			
	b A	pplicable month	(enter code)			21b	0
22						22	62
		ality table(s) (see			scribed - separate	Substitu	te
Pa	rt VI	Miscellane	ous items				
				uarial assumptions for the current	nlan year? If "Ves " see	instruction	s regarding required
24		•	·		•		
25				an year? If "Yes," see instructions			
26	Is the	e plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachmen	t Yes X No
27	If the	plan is subject t	to alternative funding rules, ent	ter applicable code and see instruc	ctions regarding	27	
	attac	hment				27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	um Required Contribution	s For Prior Years		
28	Unpa	aid minimum req	uired contribution for all prior y	ears		28	0
29				d unpaid minimum required contrib		29	
							0
				ntributions (line 28 minus line 29)	• • • • • • • • • • •	30	-
Pa	rt VII		Required Contribution				
31			nd excess assets (see instruct				
						31a	58,165
			· · · · · · · · · · · · · · · · · · ·	line 31a		31b	58,165
32		rtization installm			Outstanding Bala		Installment
				• • • • • • • • • • • • • • • • • • • •		0	0
						0	0
33				ter the date of the ruling letter gran) and the waived amount .		33	0
34	Total	funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding Bala	ince	Total balance
35			use to offset funding	0		0	O
36	Addit	tional cash requi	rement (line 34 minus line 35)			36	0
37				ontribution for current year adjuste		37	92,473
38	Pres	ent value of exce	ess contributions for current ye	ar (see instructions)			
	a To	tal (excess, if an	y, of line 37 over line 36)			38a	92,473
	b Po	rtion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b	0
39	Unpa	aid minimum req	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39	0
40	Unpa	aid minimum req	uired contribution for all years			40	
Pai	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010) (See Instructions	5)	
41	If an e	election was mad	de to use PRA 2010 funding re	lief for this plan:			
	a Sc	hedule elected .			• • • • • • • • • •	[2 plus 7 years 15 years
	b Elig	gible plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011
42	Amou	nt of acceleratio	n adjustment			42	
				d over to future plan years		43	