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

	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 5500	0-SF.		
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558 special extension (enter descri	automatic extension			DFVC progra	am
Dowt II	Basis Blan Infor	<u> </u>	· · ·				
Part II		mation—enter all requested info	ormation		4 15	T. 1: 1:	1
1a Name	of plan ASU, MD, PC DEFINED	DENIETT DI ANI			TD	Three-digit plan number	
FELIX I. OVI	ASU, MID, PC DEFINEL	DENEFII PLAN				(PN) ▶	001
					1c	Effective date o	
						01/01	
	ponsor's name and add	ress; include room or suite number	er (employer, if for a single	-employer plan)	2b	Employer Identi	fication Number
					2c	Sponsor's telep	
	N CITY PLAZA, STE 30 TY HEART CENTER)3			24	Susiness code	(see instructions)
	TY, NY 11530				Zu	62111	,
3a Plan a	dministrator's name and	d address Same as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
		plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4b	EIN	
a Sponse		ber from the last return/report.			4c	PN	
ou rotari		t the beginning of the plan year			50		5
b Total r		at the beginning of the plan year at the end of the plan year			5a 5b		5
C Numb	number of participants a er of participants with ac	at the end of the plan yearccount balances as of the end of the	he plan year (defined ben	efit plans do not	5b		
C Number	number of participants a er of participants with a lete this item)	at the end of the plan yearccount balances as of the end of the	he plan year (defined ben	efit plans do not	5b 5c		
c Number complete 6a Were	number of participants a er of participants with ac ete this item)all of the plan's assets	at the end of the plan yearccount balances as of the end of the	he plan year (defined ben	efit plans do not	5b 5c		5
c Number complement of the com	er of participants a er of participants with ac lete this item)	during the plan year invested in elithe annual examination and report (See instructions on waiver eligibil	he plan year (defined ben ligible assets? (See instruct t of an independent qualifi- lity and conditions.)	efit plans do not ctions.)	5b 5c PA)		5
c Number complement of the com	er of participants a er of participants with ac lete this item)	at the end of the plan year ccount balances as of the end of the during the plan year invested in elithe annual examination and report	he plan year (defined ben ligible assets? (See instruct t of an independent qualifi- lity and conditions.)	efit plans do not ctions.)	5b 5c PA)		Yes No
c Numbrocompl 6a Were b Are you under If you	er of participants a er of participants with a lete this item)	during the plan year invested in elithe annual examination and report (See instructions on waiver eligibil	he plan year (defined ben- ligible assets? (See instruct t of an independent qualifi- lity and conditions.)	efit plans do not ctions.)ed public accountant (IQI	5b 5c PA)	5500.	Yes No
C Number complement of the com	er of participants a er of participants with a lete this item)	during the plan year invested in elicities annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBGC	he plan year (defined ben- ligible assets? (See instruct t of an independent qualifi- lity and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use ERISA section 4021)?	5b 5c PA) Form	5500. Yes X No	X Yes ☐ No X Yes ☐ No
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Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ear	
a	Total plan assets	7a	23137				(2) 2		34162)
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	23137	2					34162	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) runount				(2)	- Ctu.		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	286	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2865	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	20007	5						
<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						2	200075	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1	97210)
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	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	:	
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		Amo	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b		? (Do not i	include transactions reported	10b		X				
				10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud			X				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth 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 a	s of vear e	end.)	10q		X				
h	<u> </u>	(See instru	uctions and 29 CFR	10h		X				
ī	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	10ii						
Part		1-0		101						
11	Is this a defined benefit plan subject to minimum funding requirem	onte2 (If "	Vos " soo instructions and com	nloto	Schoo	lulo SI	2 (Form			
	5500) and line 11a below)							X	Yes	No
	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.	.	Yes	X No
a	(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 being			ctions	, and e	enter th	ne date of	the le	tter rul	ing
	granting the waiver									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			ı		I			
b	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).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

					File as	an attachr	ment to Form	5500 or	5500·	-SF.					
For	calendar _l	olan year 2013	or fiscal pla	an yea	ar beginning (01/01/2013				and end	ing 12/	31/201	3		
F	Round of	amounts to i	nearest dol	lar.											
<u> </u>	Caution:	A penalty of \$1	,000 will be	asses	ssed for late filing	of this repo	rt unless reas	onable ca	ause i	s establish	ed.			1	
	ame of pl	an SU, MD, PC D	SEEMED DE	NEC	IT DLAN				В	Three-di	git			001	
FEL	IX I. OVIA	SU, IVID, PC L	PETINED DI	INEF	II PLAN					plan num	nber (PN)		<u> </u>		
C P	lan spons	or's name as s	shown on lir	e 2a (of Form 5500 or 55	500-SF			D	Employer	Identifica	tion N	umber	(FIN)	
		SU, MD, PC			0 0 0000 0. 00						11-321			(=)	
											11-521	0121			
E T	pe of plar	n: X Single	Multiple	-А	Multiple-B	F	Prior year pl	an size:	100	or fewer	101-5	500	More	than 500	
Pa		asic Inforn	notion	<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>						1		
_				N 4 -		D 01	V	2012							
2	Assets:	valuation date	e:	IVIC	onth <u>01</u>	Day <u>01</u>	Year _	2013							
2		volue									2a				004070
											2b				231372
								1					(0)		231372
3	ŭ	target/participa					20	(1) N	lumbe	er of partici	ipants		(2)	Funding Targ	jet
	_				es receiving paym										
				ts			3b								
		tive participant					2-(4)	ł							
	(1)						. ,								
	(2)						· ` ´				_				267950
	(3)										5				267950
											5				267950
4	If the pla	n is in at-risk s	tatus, checl	the b	oox and complete I	ines (a) an	d (b)								
	a Fundir	g target disre	garding pres	cribe	d at-risk assumptio	ns					4a				
	b Fundir	ng target reflec	ting at-risk	assum	nptions, but disrega	arding trans	sition rule for	olans that	have	been in	4b				
					nsecutive years and						5				5 0 4 0/
<u>5</u>											6				5.34 %
											0				
	•	Enrolled Actumy knowledge, the	•	oplied in	n this schedule and accor	mpanving sche	edules, statements	and attachm	nents. if	f anv. is compl	ete and acci	urate. Ea	ach prescr	ibed assumption v	vas applied in
а	ccordance w	th applicable law a	nd regulations.	In my o _l	pinion, each other assum ience under the plan.										
	,	,		1											
	IGN												40/45/0	2044	
П	ERE								_	-			10/15/2	2014	
			Si	gnatu	re of actuary								Date		
ARTI	HUR E. II	EILER, A.S.A.							_				11-01		
				r prin	t name of actuary						Most	recent		nent number	
PENS	SION TAX	STRATEGIE	S, INC.						_					81-7976	
1430	BROADI	WAY, SUITE 1	509	Fir	m name					Т	elephone	numb	er (incl	uding area co	de)
	YORK, I		000												
			,	Addre	ss of the firm				_						
If the	actuary h	as not fully refl	ected any re	anulat	ion or ruling promu	ilgated und	ler the statute	in comple	etina	this sched	ıle checl	the h	ox and	see	П
	ctions	20 110t lany 1011	Joiou uny II	- gaiat	or raining profite	ga.ca and	.c. the statute	compi	ig		, 511001		on and		

Schedule SB (Form 5500) 2013

Pa	rt II	Begir	ning of Year	Carryov	ver and Prefunding Ba	lances						
7	Dalama	4 11:		-6	:		(a) (Carryover balance		(b) F	Prefund	ing balance
7		•	0 , ,		icable adjustments (line 13 f							
8					funding requirement (line 35							
9	Amoun	nt remaini	ng (line 7 minus lir	ne 8)								
10	Interes	t on line 9	using prior year's	s actual re	turn of11.69 %							
11	Prior ye	ear's exce	ess contributions t	o be adde	d 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								0				
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce						
	d Porti	ion of (c)	to be added to pre	efunding b	alance							
12	Other r	eductions	s in balances due	to election	s or deemed elections							0
13	Balanc	e at begir	nning of current ye	ear (line 9	+ line 10 + line 11d – line 12)						
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	ttainment percent	age							14	86.35 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	86.35 %
16					s of determining whether car						16	92.34 %
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	funding tar	get, enter s	such percentage			17	0.00 %
Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls							
18	Contrib	outions ma	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:						
(N/	(a) Da ^a IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD)		(b) Amount pa employer(s	-	(0		int paid by oyees
(10	IIVI-DD-I	111)	employen	(3)	етпрюусез	(IVIIVI-DD	-1111)	employer	3)		Citip	Oyees
						Totals ▶	18(b)			18(c)		
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation o	date after th	ne beginning of the	e year:			
	a Conf	tributions	allocated toward	unpaid mir	nimum required contributions	from prior y	ears		19a			
	b Cont	ributions	made to avoid res	trictions a	djusted to valuation date				19b			
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	n date	19c			
20	Quarte	rly contrib	outions and liquidit	y shortfall	s:							
	a Did t	the plan h	nave a "funding sh	ortfall" for	the prior year?						[Yes X No
	b If line	e 20a is "	Yes," were require	ed quarterl	y installments for the current	year made	in a timely	manner?				Yes No
	C If line	e 20a is "	Yes," see instructi	ons and c	omplete the following table a	s applicable	:					_
					Liquidity shortfall as of e	nd of quarte		,				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4tl	n

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, full	yield c	urve	used
	b Appl	icable month (enter code)			21b				3
22	Weight	ed average ret	irement age			22				66
23	Mortali	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current					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
				Participants? If "Yes," see instruc				_=	Yes	X No
27				ter applicable code and see instruc		27				
	attachn	nent	-							
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				
29				unpaid minimum required contrib		29				
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		30				
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				
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ins	tallme	nt	
	a Net s	shortfall amortiz	zation installment							
	b Waiv	er amortization	n installment							
33				ter the date of the ruling letter gran		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				
-				Carryover balance	Prefunding bala	nce	Tota	al balar	nce	
35			use to offset funding							
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				
38	•		ess contributions for current ye							
						38a				
-				prefunding and funding standard o		38b				
39				ear (excess, if any, of line 36 over		39				
40	Unpaid	l minimum requ	uired contributions for all years	3		40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele		de to use PRA 2010 funding re							
	a Sche	dule elected				П	2 plus 7 years	, П	15 ye	ears
	b Eligib	ole plan year(s) for which the election in line	41a was made		200	8 2009	2010	2	2011
42	Amoun	t of acceleratio	n adjustment			42	<u> </u>			
				d over to future plan years		43				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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

Pension Benefit Guaranty Corporation	Complete all entries in accord	dance with the instr	uctions to the Form 550	0-SF.	
Part Annual Repo	rt Identification Information				
For calendar plan year 2013 or fi	iscal plan year beginning		and ending		
A This return/report is for:	X a single-employer plan	a multiple-employe	r plan (not multiemployer)		a one-participant plan
B This return/report is:	the first return/report	the final return/repo	ort	•	
	an amended return/report	a short plan year re	eturn/report (less than 12 r	nonths)	
C Check box if filing under:	X Form 5558	automatic extensio	on •	14	DFVC program
	special extension (enter description			7	
	formation—enter all requested inform	mation			
1a Name of plan				1b Three-d	
FELIX I. OVIASU, MD, PC				(PN)	▶ 001
DEFINED BENEFIT PLAN					e date of plan
					1/1/2007
2a Plan sponsor's name and	address; include room or suite number ((employer, if for a sing	le-employer plan)	2b Employ (EIN)	er Identification Number 11-3218727
FELIX I. OVIASU, MD, PC				<u> </u>	or's telephone number
				516-742-570	
400 GARDEN CITY PLAZA, S	STE 303 GARDEN CITY HEART CEI	NTER	•	2d Busines	ss code (see instructions)
GARDEN CITY, NY 11530				621111	
3a Plan administrator's name a	nd address X Same as Plan Sponsor N	Name X Cambos	Plan Sponsor Address	3b Adminis	strator's EIN
				3C Adminis	strator's telephone number
Same		X		Adminis	strator s telephone number
				41	
	the plan sponsor has changed since the	eturn/report filed	for this plan, enter	4b EIN	
a Sponsor's name	an number from the last return/report.		•	4c PN	
	nts at the beginning of the plan year			5a	5
	nts at the end of the plan fear		••••••	5b	5
	th account balances as of the end of the			5c	
62 Were all of the plan's assi	ets during the play year havested in eligib	ola assats? (Saa instri	ictions \		X Yes No
b Are you claiming a waiver	of the annual examination and report of	f an independent quali	ified public accountant (IQ	PA)	🔼 163 🗀 140
	46? (See instructions on waiver eligibility				X Yes No
If you answered "No" to	either line Goor line 6b, the plan car	nnot use Form 5500-	SF and must instead us	e Form 5500.	
C If the plan is a defined be	nefit plan, is covered under the PBGC	insurance program (s	ee ERISA section 4021)?	Yes 2	No Not determined
	late or recomplete filing of this return				
	ther peralties set forth in the instructions				
SB or Schedule MB completed a belief, it is true, correct, and our	and signed by an enrolled actuary, as we	ell as the electronic ve	rsion of this return/report,	and to the bes	st of my knowledge and
	piete	1			
SIGN S		10/15/2014	Felix I Oviasu, MD		
HERE Signature of plan a	dministrator	Date	Enter name of individua	al signing as p	lan administrator
SIGN		10/15/2014	Felix I Oviasu, MD		
HERE Signature of emplo		Date		T	employer or plan sponsor
Preparer's name (including firm	name, if applicable) and address; include	de room or suite numb	er (optional)	Preparer's te	elephone number (optional)
l				A Company	A CONTRACTOR OF THE PARTY OF TH

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) Eı	nd of	Year		
а	Total plan assets	7a		231,3	372					34,	,162
b	Total plan liabilities	7b			0						
С	Net plan assets (subtract line 7b from line 7a)	7c		231,3	372					34,	,162
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(la) Tota	al		
а	Contributions received or receivable from:				ő	m e					
	(1) Employers	8a(1)			0	<u> </u>		-			
	(2) Participants	8a(2)			0				78) 4		
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		2,8	365		<u> </u>				100
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		<u> </u>		ANNERS	2.4			2	,865
d	Benefits paid (including direct rollovers and insurance premiums	٠,			70		i i i				
	to provide benefits)	. 8d		200,	0.70		-			A 20.4	
	Certain deemed and/or corrective distributions (see instructions)	8e	1		3			78.44°	450	4.47	
f	Administrative service providers (salaries, fees, commissions)	† ·				de subur	5.4	- 10 mg			1,64
<u>g</u>	Other expenses	. 8g						4			
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				5			-			,075
<u>-</u>	Net income (loss) (subtract line 8h from line 8c)	1			3	na Marial			VINE TO PERSON AND ADDRESS.	matter State of the	,210
	Transfers to (from) the plan (see instructions)	8j	+ 4						e de la composition		\$4. j.
20.00.00000	TIVE Plan Characteristics	<u> </u>	List of Disc	N							
9a	If the plan provides pension benefits, enter the applicable pension 1A	teature c	les from the List of Plan C	naracteris	stic Co	odes ir	n the instr	uction	is:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Ch	naracterist	ic Coc	des in	the instru	ctions	:		
∵Pa	rt V Compliance Questions			•							
10	During the plan year:	~		Y	'es	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contributions in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidural and Policy Fidura	ithin the tim	e period described Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	O not in	clude transactions	10b		х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bond		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other										
	carrier, insurance service, or other organization that provides some	e or all of th	ne benefits under	10e		х					
	the plan? (See instructions.)					$\frac{\hat{x}}{x}$	_				
	Has the plan failed to provide any benefit when due under the plan			10f		X					
<u>g</u>	Did the plan have any participant loans? If "Ses," enter amount as If this is an individual account plan, was there a blackout period? (10g							1000
"	2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," chees the box if you either provided the exceptions to providing the rotice applied under 29 CFR 2520.101	e required	notice or one of the	10i			***		114.4		
Pa	t VI Pension Funding compliance						39723480500			100 Table 2000	9757508500
11	Is this a defined benefit plane object to minimum funding requirements 5500) and line 11a below)				Sched	lule SI	В	X	Yes		No
11a	Enter the unpaid minimum required contribution for current year fro				1	1a		17:1.			0
12	Is this a defined contribution plan subject to the minimum funding require							П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				110		I				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	g amortize	d in this plan year, see in		and e	enter to Day			etter ru	ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Foi	rm 5500), and skip to lin	e 13.							
	Enter the minimum required contribution for this plan year				. 1	2b					-
					•						

	Form 5500-SF 2013 Page 3 -					
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 megative amount)	-	12d			0
	Will the minimum funding amount reported on line 12d be met by the funding deadline			Yes	No N	/A
	t VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?			Yes X N	1o	
- IJa			42.4		10	
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to anot control of the PBGC?	her plan, or brought under t	13a		Yes X N	lo
С	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)		(s) to		1 100 [7]	<u> </u>
1;	3c(1) Name of plan(s):	1	3c(2) l	EIN(s)	13c(3) PN(s	3)
Par	t VIII Trust Information (optional)					
14a	Name of trust		14b	Trust's EIN		
		\sim	 			
		,				
	X					
	• ()					
	• • • • • • • • • • • • • • • • • • • •					

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).

2013

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

▶ File as an att	achment to Form 5500 or 550	0-SF							
For calendar plan year 2013 or fiscal plan year beginning		and ending							
Round off amounts to nearest dollar.									
Caution: A penalty of \$1,000 will be assessed for late filing of t	his report unless reasonable cau	use is established.							
A Name of plan		B Three-digit							
FELIX I. OVIASU, MD, PC DEFINED BENEFIT PLAN		plan number (Pa	001						
			Action (Participation)						
0.01									
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-	SF	D Employer Identif	ication Number (EIN)						
FELIX I. OVIASU, MD, PC	:	11-218727							
E Type of plan: X Single Multiple-A Multiple-B	F Prior year plan size:	100 or fewer 101	-500 More than 500						
Part I Basic Information									
1 Enter the valuation date: Month 01 Day	y <u>01</u> Year <u>2013</u>								
2 Assets:			Berthe State Laboration						
a Market value	······································	2a	231,372						
b Actuarial value		2b	231,372						
3—Funding target/participant count breakdown:	(1) Mu	ımber of participants	(2) Funding Target						
a For retired participants and beneficiaries receiving paymen	t3a		0						
b For terminated vested participants			. 0						
c For active participants:		radicione, proper tribit	Company of the Compan						
(1) Non-vested benefits	8c(1)		0						
(2) Vested benefits	3c(2)		267,950						
(3) Total active	3c(3)	5	267,950						
d Total	3d	5	267,950						
4 If the plan is in at-risk status, check the box and complete life	(a) and (b)		A STATE OF THE STA						
a Funding target disregarding prescribed at-risk assumptions		4a							
b Funding target reflecting at-risk assumptions, by color gard		L							
in at-risk status for fewer than five consecutive years and d	lisregarding loading factor								
5 Effective interest rate		5	5.34%						
6 Target normal cost		6	0						
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my of mion, each other assumption is combination, offer my best estimate of anticipated expense in a unit of the plan.	s reasonable (taking into account the expen	, if any, is complete and accurate tience of the plan and reasonable	e. Each prescribed assumption was applied in expectations) and such other assumptions, in						
SIGN HERE	iler								
Signature of actuary			10/15/2014						
		4404455	Date						
ARTHUR E. TEILER, A.S.A.		1101157	and annual line and annual						
Pension Tax Strategies, Inc.		212-681-7976	cent enrollment number						
. Firm name			umber (including area code)						
1430 Broadway, Suite 1509									
NEW YORK N Address of the firm	IY 10018		•						
If the actuary has not fully reflected any regulation or ruling promulga	ted under the statute in completi	ing this schedule, check	the box and see						

Pane	2-
Paue	

P	art II Beginning of Year	r Carryover and Prefunding Ba	lances						
	Dogming of road out joint and general			(a) Carryover balance		(b) Prefunding balance			
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)					0			
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)						0		
9	Amount remaining (line 7 minus line	ne 8)			0	0			
10	Interest on line 9 using prior year's	0		0					
11	Prior year's excess contributions t	to be added to prefunding balance:			•	6			
	a Present value of excess contr	ributions (line 38a from prior year)				0			
	b Interest on (a) using prior year's effective interest rate of					•	0		
	•	f current plan year to add to prefunding b			•	0			
		prefunding balance	l K						
12	<u> </u>	to elections or deemed elections	4555		0		0		
13	Balance at beginning of current ye	ear (line 9 + line 10 + line 11d – line 12)			0	,	0		
100	art III. Funding Percenta			•					
	A CONTRACTOR OF THE PARTY OF TH	tage		lacksquare		14	86.35%		
		nt percentage				15	86.35%		
							92.34%		
17	17 If the current value of the assets of the plan is less than 70 percent of the funding larget, enter such percentage					17	%		
P	art IV Contributions and	d Liquidity Shortfalls			-				
		r the plan year by employer(s) and excelo	уесь:				· · · · · · · · · · · · · · · · · · ·		
	(a) Date (b) Amount		(a) Date			(c) Amount paid by			
(1)	MM-DD-YYYY) employe	er(s) employees	M-DD-YYYY	') employer(s)		emp	loyees		
									
-									
			Totals ▶ 1	8(b)	0	18(c)	0		
19	Discounted employer contribution	s - see instructions for small plan with a							
a Contributions allocated toward unpaid minimum required contributions from prior years						0			
b Contributions made to avoid restrictions adjusted to valuation date						. 0			
c Contributions allocated toward minimum aquired contribution for current year adjusted to valuation date							0		
20 Quarterly contributions and liquidity shortfulls:									
a Did the plan have a "fonding shortfall" for the prior year?							Yes X No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?						Yes No			
c If line 20a is "Yes," seeinstructions and complete the following table as applicable:									
	Liquidity shortfall as of end of quarter of this plan year								
(1) 1st		(2) 2nd	(2) 2nd (3) 3rd		(4) 4th				

Pa	Part V Assumptions Used to Determine Funding Target and Target Normal Cost							
21								
	a Segment rates:	1st segment: 4.94%	2nd segment 6.15%	3rd segment	: '6%	N/A, full yield curve used		
	b Applicable month ((enter code)	<u> </u>	 	21b	3		
22	Weighted average retir	ement age			22	66		
23	Mortality table(s) (see	instructions) X Pres	cribed - combined	Prescribed - separate	Substit	tute		
Pa	rt VI Miscellaneo	us Items			4			
24		ade in the non-prescribed actual	rial assumptions for the currer	t plan year? If "Yes," see ir	structions	agarding required		
	attachment					Yes X No		
25	Has a method change	been made for the current plan	year? If "Yes," see instruction	s regarding required attach	ment	Yes X No		
26	Is the plan required to	provide a Schedule of Active Pa	articipants? If "Yes," see instru	ctions regarding required	tachment.	Yes X No		
27		alternative funding rules, enter			27			
Pai	t VII Reconciliati	on of Unpaid Minimum	Required Contribution	s For Prior Years				
_28	Unpaid minimum requi	red contributions for all prior year	ars		28	0		
		contributions allocated toward ur			29	0		
30	100 mg	unpaid minimum required contril	·-·		30	0		
Par	t VIII Minimum Re	equired Contribution Fo	r Current Year 🔷	1				
31	Target normal cost and	d excess assets (see instruction	s):		,			
	a Target normal cost	(line 6)			31a	0		
		pplicable, but not greater than li	ne 31a		31b	0		
32	Amortization installmen		X	Outstanding Bala	ance	Installment		
	a Net shortfall amortization installment							
33		n installment						
	If a waiver has been approved for this plan year, enter the date on the rulling letter granting the approval (Month Day) and the waived amount				33			
34	Total funding requirem	ent before reflecting carryover/p	prefending balances (lines 31a	a - 31b + 32a + 32b - 33) 34		0		
	Carryover balance Prefunding bala		nce	Total balance				
35	Balances elected for us requirement	<u> </u>)			0		
36	Additional cash require	ement (line 34 minus line 5)			36	0		
37		ontributions allocated toward minimum required contribution for current year adjusted to valuation date ne 19c)			37	0		
38	Present value of exces	s contributions for current year	(see instructions)					
	a Total (excess, if an	y, of line 37 ever line 36)			38a	0		
		line \$8a attable to use of pr			38b	0		
39		Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0		
40	20000200000	red contributions for all years			40	0		
Pa	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					2 plus 7 years 15 years		
	b Eligible plan year(s) for which the election in line 41a was made			20	08 2009 2010 2011			
42		adjustment			42			
43	Excess installment acc	celeration amount to be carried of	over to future plan years	······	43			

Felix I. Oviasu Defined Benefit Plan

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

Plan Name: Felix I. Oviasu Defined Benefit Plan

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 1.72%
Second Segment: 4.58%
Third Segment: 5.67%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 4.94%
Second Segment: 6.15%
Third Segment: 6.76%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2013 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate
Mortality Table 1994 GAR PROJ 2002

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2013 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5% Effective annual rate

Felix I. Oviasu Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Felix I. Oviasu Defined Benefit Plan

The weighted average retirement age of 66 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.

Felix I. Oviasu Defined Benefit Plan

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Felix I. Oviasu Defined Benefit Plan

Plan Effective Date January 1, 2007

Plan Anniversary Date January 1, 2013

Participation Eligibility Minimum age: 18 and

Minimum months of service: 12

Plan Entry Date 01/01 or 07/01 coincident with or following the satisfaction of the requirements

Normal Retirement Date First day of the month coincident with or following age 65 and the completion of

5 years of participation

Not to exceed the later of age 65 and 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit Benefit reduced before offset by 1/0 for each year of service less than 0

Maximum total years of service: 25
Maximum years of past service: 5
Minimum benefit: \$833.00 per month

IRC415 maximum annual benefit: \$205,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form
Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$255,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount 100 times the normal retirement benefit

Minimum death benefit: \$2,000.00

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Exclude service before effective date

Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on service

Maximum number of years of past credited benefit accrual service is 5