### 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 section 6058(a) of the

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Internal Revenue Code (the Code).

	art I	Annual Report								
For	calenda	ar plan year 2010 or fis	TV1		01/01/2	010	and ending	12/31/2	2010	
Α -	This retu	urn/report is for:	single-	employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan	
В -	This retu	urn/report is for:	first ret	urn/report		X final retur	n/report			
			an ame	ended return/re	port	short plan	year return/report (less than 12 m	onths)		
C	Check b	oox if filing under:	Form 5	558		automatic	extension		DFVC program	
			special	extension (en	ter descrip	otion)				
Pa	art II	Basic Plan Info	rmation_	enter all requ	ested info	rmation				
	Name of							1b	Three-digit	
KRIS	HNA K.	DIXIT MD DEFINED	BENEFIT P	LAN					plan number (PN) 001	
								1c	Effective date of plan	_
									01/01/2004	
		oonsor's name and ad	dress (empl	oyer, if for sing	jle-employ	ver plan)		2b	Employer Identification Number	
KRIS	HNA DI	IXIT PHYSICIAN PC						20	(EIN) 20-2064257 Plan sponsor's telephone number	_
	MEADO							20	845-569-8968	
IN⊏VV	BUKGF	H, NY 12550						2d	Business code (see instructions) 621111	
32	Dlan ac	dministrator's name ar	nd address (	if came as Pla	n cnoncor	ontor "Same	<b>7</b> ,9/	3h	Administrator's EIN	
		IXIT PHYSICIAN PC	ilu addiess (	3	338 MEAD	OOW AVE	•	35	20-2064257	
				I	NEWBUR	GH, NY 1255	U	3с	Administrator's telephone number 845-569-8968	r
<b>1</b> H	f the na	me and/or FIN of the	nlan enoneo	r has changed	since the	last return/re	port filed for this plan, enter the	4h	643-369-6966 EIN	
		EIN, and the plan num					port filed for this plan, effici the	40	CIIN	_
								_	PN	
5a	Total n	number of participants	at the begin	ning of the pla	n year			<u>5a</u>		3
								<u>5b</u>		0
С		· ·					rear (defined benefit plans do not	5c		
6a							(See instructions.)		Yes N	lo
_	Are yo	ou claiming a waiver of	of the annual	examination a	nd report	of an indeper	ndent qualified public accountant (I	QPA)		
			•		-	•	ons.)		Yes   N	0
Pa	rt III	Financial Inform		b, the plan ca	innot use	Form 5500-	SF and must instead use Form 5	500.		_
7		ssets and Liabilities					(a) Beginning of Year		(b) End of Year	_
а		olan assets				7a	2497	92	(11)	0
b	Total p	olan liabilities						0		0
		an assets (subtract line								
8	Income	e, Expenses, and Trar		<u>e 7a)</u>		7с	2497	92	(	0
а	Contrib		nsfers for thi	· · · · · · · · · · · · · · · · · · ·	<u></u>	7c	(a) Amount	92	(b) Total	0
а		outions received or rec	ceivable fror	s Plan Year n:				0		0
а	<b>(1)</b> Er	mployers	eceivable fror	s Plan Year n:		8a(1)		0		0
a	(1) En (2) Pa	mployers articipants	eceivable fror	s Plan Year n:		8a(1) 8a(2)				0
	<ul><li>(1) Er</li><li>(2) Pa</li><li>(3) Ott</li></ul>	mployersarticipantshers (including rollove	eceivable fron	s Plan Year m:		8a(1) 8a(2) 8a(3)	(a) Amount	0 0 0		0
b	<ul><li>(1) Er</li><li>(2) Pa</li><li>(3) Other</li></ul>	mployershployers articipantshers (including rollove income (loss)	eceivable fror	s Plan Year n:		8a(1) 8a(2) 8a(3) 8b		0 0 0		
	<ul><li>(1) Er</li><li>(2) Pa</li><li>(3) Other in Total in Total</li></ul>	mployers  articipants  hers (including rollove income (loss)  ncome (add lines 8a(1	eceivable fror ers)	s Plan Year n: 		8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount	0 0 0 0 57	(b) Total	
b c	(1) Er (2) Pa (3) Other in Total in Benefit	mployershployers articipantshers (including rollove income (loss)	eceivable fror ers)	is Plan Year n: (3), and 8b)	premiums	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount	0 0 0 0 57	(b) Total	
b c	(1) Er (2) Pa (3) Other in Total in Benefit to prov	mployers  articipants  hers (including rollove income (loss)  ncome (add lines 8a(1) ts paid (including direct	eceivable fror ers) 1), 8a(2), 8a( ect rollovers a	s Plan Year n: (3), and 8b)	premiums	8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Amount	0 0 0 57 49	(b) Total	
b c d	(1) Er (2) Pa (3) Other in Total in Benefit to province Certain	nployershers (including rollove income (loss)ncome (add lines 8a(1 ts paid (including direction)	eceivable fror ers)	(3), and 8b)	premiums structions)	8a(1) 8a(2) 8a(3) 8b 8c 8c	(a) Amount	0 0 0 57 49 0	(b) Total	
b c d	(1) En (2) Pa (3) Other i Total in Benefit to prov Certain Admini	articipants	eceivable from ers)	(3), and 8b) and insurance putions (see ins	premiums structions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d 8e	(a) Amount	0 0 0 57 49	(b) Total	7
b c d e f	(1) Er (2) Pa (3) Other i Total ir Benefii to prov Certair Admini Other o	articipants	eceivable from ers)	(3), and 8b) and insurance putions (see ins	premiums structions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Amount	0 0 0 57 49 0	(b) Total  2505	7
b c d e f g	(1) Er (2) Pa (3) Other i Total ir Benefit to prov Certair Admini Other o Total e	articipants	ers)	(3), and 8b) and insurance putions (see ins s, fees, commind 8g)	premiums structions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Amount	0 0 0 57 49 0	(b) Total	7

Form 5500-SF 2010	Page <b>2-</b>
	-

Part IV	Plan	Charact	aristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	V Compliance Questions			-		
2	During the plan year:		Yes	No		Amount
4	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X		
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	ed <b>10b</b>		X		
3	Was the plan covered by a fidelity bond?	10c		X		
k	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraction dishonesty?	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Χ		
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
rt	VI Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (5500))					. X Yes
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ction 3	302 of I	ERISA?	. Yes X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insgranting the waiver.	onth				
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Т	401		
b	Enter the minimum required contribution for this plan year			12b		
	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 negative amount)			12d		
					Yes	No
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				_	
	VII Plan Terminations and Transfers of Assets					
rt						X Yes
rt	VII Plan Terminations and Transfers of Assets		 Г			X Yes
rt a	Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughten.	jht under	the co	 13a		
rt a b	Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the plan to another plan(s) in the plan to another plan(s).	ht under	the co	 13a ntrol		X Yes
rt a	Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	ht under	the co	 13a ntrol	N(s)	X Yes
rt a b	Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?	ht under	the co	13a ntrol	N(s)	
rt a b	Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?	ht under	the co	13a ntrol	N(s)	X Yes

SIGN	Filed with authorized/valid electronic signature.	02/03/2011	KRISHNA K. DIXIT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/03/2011	KRISHNA K. DIXIT
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

### **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

2010

This Form is Open to Public Inspection

							File as a	an attachi	ment to Forn	า 5500 or	5500-	·SF.					
Fo	cale	ndar p	lan year 201	0 or fis	scal plan ye	ear	beginning 01	1/01/2010				and end	ing 12/3	1/201	0		
•	Rour	nd off	amounts to	neare	est dollar.												
•	Caut	ion: A	penalty of \$	31,000	will be asse	ess	ed for late filing o	f this repo	ort unless reas	sonable ca	ause is	s establish	ed.				
		of pla	n IXIT MD DE	FINED	BENEFIT	PL	AN				В	Three-dig	•		<b>&gt;</b>	001	
																L	
С	Plan s	ponso	r's name as	show	n on line 2a	a of	Form 5500 or 550	00-SF			D	Employer	Identificat	ion N	umber (	(EIN)	
			T PHYSICIA								20-	-2064257				,	
Ε.	Гуре с	of plan:	Single		Multiple-A		Multiple-B	F	Prior year p	lan size:	X 100	or fewer	101-50	00	More	than 500	
P	art I	В	asic Infor	matic	on												
1			valuation da			/lon	th <u>01</u>	Day01	Year	2010							
2	Ass	ets:															
	а	Mark	et value										2a				249792
	b	Actu	arial value										2b				249792
3	Fur	nding t	arget/partici	pant co	ount breakd	wob	'n			(1) N	lumbe	er of partici	pants		(2)	Funding Targ	net
	а	•	•				ries receiving pay	ment	3a				0				0
	b		•	•									0				0
	C		active partici														
				•					3c(1)								0
										_							228742
		(2)							· · · ·				3				228742
	لم	` '											3				228742
_	d												3				220142
4	If th	ie plar	ı is at-risk, c	heck th	ne box and	cor	mplete items (a) a	ınd (b)			∐						
	а	Func	ling target di	isregar	ding prescr	ribe	d at-risk assumpt	ions					4a				
	b						nptions, but disreg										
5	Effe	ective	interest rate										5				6.67 %
6	Tar	get no	rmal cost										6				0
	To the accorda	best of r ance wit ation, of	h applicable law	he inform and regi	ulations. In my	opin	nis schedule and accom nion, each other assump nce under the plan.										
	SIGN IERI														01/06/2	2011	
_					Signat	ture	of actuary							_	Date		_
THE	ODO	RE AN	NDERSEN, I	M.A.A.	A., MSPA										08-020	034	
PEN	ISION	I ASS	OCIATES		Type or pri	nt n	name of actuary						Most re		enrollm	nent number	
					Fi	irm	name				_	Т,	elenhone	numh	er (incli	uding area co	ide)
200 STA	MFO	ST MA RD, C	IN STREET T 06902	, SUIT			Tidino						лорионо 1	TOTTIC	oci (ilion	danig area oo	(do)
					Addr	ess	of the firm				_						
16.41			1 ( !!	0				1	dan dan dari		- 12	0.1		d. 2			
	actuation	-	s not fully re	eriected	any regula	atio	n or ruling promul	igated und	der the statute	in comple	eting t	ınıs schedu	ııe, cneck	tne b	ox and	see	

age	2-	1

Schedule SB (Form 5500) 2010

Pa	rt II	Begir	ning of year	carryov	er and prefunding ba	lances						
				-		-	(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		_			icable adjustments (Item 13	-			0			0
8	Portion (	used to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%				0			0
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	<b>a</b> Exce	ss conti	ributions (Item 38	from prior	year)							0
	<b>b</b> Interes	est on (a	a) using prior year	's effective	e rate of6.43 %							0
	C Total	availabl	e at beginning of c	urrent plan	year to add to prefunding bala	ance						0
	<b>d</b> Porti	on of (c)	) to be added to p	efunding l	palance							0
12	Reduction	n in bal	ances due to elec	tions or de	eemed elections				0			0
13	Balance	at begir	nning of current ye	ar (item 9	+ item 10 + item 11d - item	12)			0			0
P	art III	Fun	ding percenta	ages								
14	Funding										14	109.20 %
15					ge						15	109.20 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	s of determining whether car	ryover/prefu	nding balar	nces may be used t			16	98.31 %
17					is less than 70 percent of the						17	%
	art IV		tributions an		· · · · · · · · · · · · · · · · · · ·		<u> </u>			Į.	L	
				•	vear by employer(s) and emp	olovees:						
	(a) Date		(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pai	id by	(0	) Amou	nt paid by
(N	IM-DD-YY	YYY)	employer	(s)	employees	(MM-DD	-YYYY)	employer(s	s)		empl	oyees
											1	
						Totals ►	18(b)		0	18(c)		0
19			-		tructions for small plan with							
	_				nimum required contribution	. ,		-	19a			0
	<b>b</b> Contri	butions	made to avoid res	strictions a	djusted to valuation date				19b			0
	<b>C</b> Contri	butions a	allocated toward mi	nimum rec	uired contribution for current y	ear adjusted	to valuation	date	19c			0
20			outions and liquidit	•							,	1 🖼
	<b>a</b> Did th	e plan h	nave a "funding sh	ortfall" for	the prior year?							Yes X No
	<b>b</b> If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current yea	ar made in a	timely man	ner?				Yes No
	<b>C</b> If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap							
		(4) 4	<b>-</b>		Liquidity shortfall as of e	nd of Quarte			1		(4) 411	
		(1) 1:	ol .		(2) 2nd		(3)	3rd			(4) 4th	I

Pa	rt V Assumptio	ns used to determine	funding target and ta	rget n	ormal cost			
21	Discount rate:							
	<b>a</b> Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve	used
	<b>b</b> Applicable month	(enter code)				21b		0
22	Weighted average ret	tirement age				22		65
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	te	
Pa	rt VI Miscellane	ous items						
24	Has a change been m	nade in the non-prescribed ac	·		•		· · · ·	No No
25		e been made for the current p					<u> </u>	No
26		provide a Schedule of Active	•					X No
27		or (and is using) alternative fu	•					
		t	9 , 11			27		
Pa	rt VII Reconcilia	ation of unpaid minim	ım required contribu	tions	for prior years			
28	Unpaid minimum requ	uired contribution for all prior y	ears			28		0
29		contributions allocated toward				29		0
30		f unpaid minimum required co				30		0
Pa	rt VIII Minimum	required contribution	for current year			<u> </u>		
31		djusted, if applicable (see inst				31		0
	Amortization installme		· · · · · · · · · · · · · · · · · · ·		Outstanding Bala	ince	Installment	
		tization installment				0		0
	<b>b</b> Waiver amortization	on installment				0		0
33	If a waiver has been a	approved for this plan year, er Day Year	ter the date of the ruling lett	er gran	0	33		0
34		ment before reflecting carryov				34		0
			Carryover balance		Prefunding balar	nce	Total balance	
35	Balances used to offs	set funding requirement		0		0		0
36	Additional cash requir	rement (item 34 minus item 35	i)			36		0
37		ed toward minimum required c	•	•		37		0
38	Interest-adjusted exce	ess contributions for current y	ear (see instructions)			. 38		0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 3	6 over i	tem 37)	39		0
40	Unpaid minimum requ	uired contribution for all years				40		

1/25/2011 11:02 AM FROM: 1-203-356-1045 Pension Associates TO: 1-845-569-0881 PAGE: 004 OF 005

Form 5500-SF

Department of the Treesury 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 5058(a) of the

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

En	nployae Benefits Security Administration	Interna	l Revenue C	ode (the Code).		Inspection
	Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance wit	th the instructions to the Form 5500	-SF.	mspection
	Annual Report k	dentification Information				
	r the calendar plan year 2010 or t	fiscal plan year beginning	01/0	1/2010 and ending	12	/31/2010
A	This return/report is for:	g single-employer plan	multiple-e	employer plan (not multiemployer)	Г	one-participant plan
_	This return/report is for:	first return/report	final retur		_	7 and barraharr bran
	·	an amended return/report	=	year retum/report (less than 12 months	Δ	
^		Form 5558	=	extension	, Г	7 pp/0
•	Check box if filing under:	=		· exterision	L	DFVC program
_	L	special extension (enter description	on)			
P	attil Basic Plan Infon	mation enter all requested in	formation,			
1a	l Name of plan					Three-digit
	Krishna K. Dixit MD D	efined Benefit Plan				olan number (PN) ► 001
				<u> </u>		Effective date of plan
				i		01/01/2004
2a	Plan sponsor's name and addres	ss (employer, if for single-employer	plan)	1		Employer Identification Number
	Krishna Dixit Physicia	an PC				EIN) 20-2064257
	000 00					Plan sponsor's telephone number
	338 Meadow Ave			<u> </u>		(845) 569-8968
ซร	Newburgh	NY 12550				Business code (see Instructions) 521111
3а	Plan administrator's name and a	ddress (if same as plan employer, c	enter "Same"	)		Administrator's EIN
	Same			1		
				<u> </u>	3c /	Administrator's telephone number
				1	,	rammanator s telephone namber
_						
4		an sponsor has changed since the la		ort filed for this plan, enter the	4b 8	ĖIN
	name, Eliv and the plan number	from the last return/report. Sponsor	's Name		4c F	PN .
5a	Total number of participants at the	he beginning of the plan year			5a	3
b		he end of the plan year			5b	0
C	Total number of participants with	account balances as of the end of	the plan year	(defined benefit plans do not		
_					5c_	
		ing the plan year invested in eligible	,			▼Yes □No
b	-			ot qualified public accountant (IQPA)		
		se instructions on waiver eligibility a · 6a or 6b, the plan cannot use Fo		•	• •	XYes No
				and most material user offin 5500.		
-	5 120 100 1 2 10	ation		**************************************	F	
7	Plan Assets and Liabilities		101101101101101101101		<del>!                                    </del>	(b) End of Year
a	Total plan assets		<u>7a</u>	249,792	-	<u> </u>
b	Total plan liabilities	<i></i>	, <u>76</u>	0	1	
C	Net plan assets (subtract line 7b	from line 7a)	, 7c	249,792		0
8	Income, Expenses, and Transfer	rs for this Plan Year	2000000	(a) Amount	<u>L</u>	(b) Total
a	Contributions received or receive	able from:			411	
	(1) Employers	<i></i>	8a(1)	0		
	(2) Participants	<i>.</i>	. 8a(2)			**************************************
	(3) Others (including rollovers) .		8a(3)	<u>.</u>		7.00
b	Other income (loss)	. <i>.</i>	. 8ь	25,057	252	treated and the second
C	Total income(add lines 8a(1), 8a	(2), 8a(3), and 8b)	8c			25,057
d	Benefits paid (including direct rol			The state of the s	100 A 100	
	to provide benefits)	<i></i>	8.8	274,849		STATE OF THE PROPERTY OF THE P
e	Certain deemed and/or corrective	e distributions (see instructions) .	. 8e	0	22262.22	
f	Administrative service providers	(salaries, fees, commissions)	. 8f	0		
g	Other expenses	<i></i>	- 8g	0	100	
h	Total expenses (add lines 8d, 8e	e. 8f. and 8g)	. 8h			274,849
i	Net income (loss) (subject line 8	=,	, 8i			(249,792)
i	Transfers to (from) the plan (see	· ·	, Bj	0		
	manaiera to (moin) the plan (see		*) <sup>D</sup> J	<u>, , , , , , , , , , , , , , , , , , , </u>	60,000	

1/25/2011 11:02 AM FROM: 1-203-356-1045 Pension Associates TO: 1-845-569-0881 PAGE: 005 OF 005

	Form 5500-SF 2010	P	age 2		_				
Pari	M Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension featur	re codes from the List	of Plan Characteri	istic Co	odes in	the in:	structions:		
<b>.</b>	1A	and a diam that lat a	Clan Characteria	Alo Co	daa (m. ti	sa Imai	mustlana		
b	f the plan provides welfare benefits, enter the applicable welfare feature	codes from the List o	r Flan Characteris	tic Coc	aes in u	1 <b>¢</b> 1(154	racaons.		
Par	W Compliance Questions							,	
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution		described in			х			
ь	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Floudary Were there any nonexempt transactions with any party-in-interest? (D		ons recorted	10a	╁				
-	on line 10a.)			. 10ь		X			
C	Was the plan covered by a fidelity bond?			16c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide	lity bond, that was cau	sed by fraud	l	1	x	. *		
	or dishonesty?			10d		***			
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the								
	instructions.) , , ,		•	100		×			
f	Has the plan failed to provide any benefit when due under the plan?			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	• •		·   10g		х	and the name of the st		
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			.   10h		x	20.000	enghan indirin	
i	If 10h was answered "Yes," check the box if you either provided the re			1111				*******	
(040)001006600	exceptions to providing the notice applied under 29 CFR 2520.101-3		<del> </del>	. 10i	<u>.</u> i			1.2.14.13.14	10 month earth
	W Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements  5500))	,						, ⊠Yes	₃ ∐No
12	is this a defined contribution plan subject to the minimum funding requ	Irements of section 4	12 of the Code or :	section	302 of	ERIS	A? .	. Ye	s XNo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	≘.)							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver				d enter			tter ruling Year	
ify	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME					++,		. 447	
b	Enter the minimum required contribution for this plan year		<i>.</i> .		- L	12b			
c	Enter the amount contributed by the employer to the plan for this plan	year	<i>.</i> .		- L	12¢			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•	-	à		12d			
_	Will the minimum funding amount reported on line 12d be met by the						Yes	No	□N/A
Pad	200/-304	ending occurrer		<u> </u>	• •. •	•	<del>-</del> -		
***********	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior year?						_ X Ye:	s No
	If "Yes," enter the amount of any plan assets that reverted to the empl				٦.٦	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to another pl	en, or brought und	er the	control			_	_
c	of the PBGC?  If during this plan year, any assets or liabilities were transferred from t	his plan to another pla	n(e) identify the n	ian/e)	 to			. XYes	₃ L1No
•	which assets or liabilities were transferred. (See instructions.)	riis pigir to girotjier pie	.n(s), ide <b>.iny</b> tre p	,,,,,,	10				
	13c(1) Name of plan(s):				130	c(2) E	N(s)	13c(3	B) PN(s)
				+					
Cauti	on: A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ss reasonable ca	wse is	establ	ished			
	penalties of perjury and other penalties set forth in the instructions, I de							Schedule	,
	Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	the electronic version	of this return/repo	rt, and	to the l	est o	my knowl	edge and	
SIG	(Construction Director	1/25/1	Krishna Dix	it					
HE	2078)	Date	Enter name of in	di√idu	al signir	ខ្លួនទ	lan admin	istrator	
SIG	Koremercant. Dress	1/25/11	Krishna Dix	it					
HE	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date /	Foter name of in	dividu	al sionic	10 35 4	molover o	r olan soor	SOF

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

Krishna K. Dixit MD Defined Benefit Plan 20-2064257 / 001 For the plan year 1/1/2010 through 12/31/2010

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

#### Krishna K. Dixit MD Defined Benefit Plan 20-2064257 / 001

For the plan year 1/1/2010 through 12/31/2010

Employer: Krishna K. Dixit MD

Type of Entity - S-Corporation

EIN: 20-2064257 TIN: Plan #: 001

**Dates:** Effective - 1/1/2004 Year end - 12/31/2010 Valuation - 1/1/2010

Top Heavy Years - 2010

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

Retirement: Normal - Attainment of age 65 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

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 - Present Value of Accrued Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

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 in 3 years.

Service is calculated using all years of service

# Schedule SB, Part V Summary of Plan Provisions

### Krishna K. Dixit MD Defined Benefit Plan 20-2064257 / 001

For the plan year 1/1/2010 through 12/31/2010

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

Interest Rates -

Years	Rate %
0 - 5	3.21
6 - 20	5.19
> 20	5.67
	0 - 5 6 - 20

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

### 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

2010

This Form is Open to Public Inspection

► File as an	attachment to Fo	m 5500 C	)r 5500-5F.				
For calendar plan year 2010 or fiscal plan year beginning 0:	1/01/2010		and ending	12/	/31/2010		
<ul> <li>Round off amounts to nearest dollar.</li> <li>Caution: A penalty of \$1,000 will be assessed for late filing of this</li> </ul>	report unless reaso	onable cau	se is established				
A Name of plan			Вт	hree-digi	t		
Krishna K. Dixit MD Defined Benefit Plan			p	lan numb	oer (PN) ▶ 001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ	7		D E	mployer	Identification Number (EIN)		
Krishna Dixit Physician PC				0-2064			
KIISIMA DIXIC PHYSICIAN PC				.0 2004	.237		
E Type of plan: X Single Multiple-A Multiple-B	<b>F</b> Prior ye	ar plan siz	e: 🗵 100 or few	er	101-500 More than 500		
Part I Basic Information							
1 Enter the valuation date: Month01	Day 01	Year	2010	-			
2 Assets:							
<b>a</b> Market value				2	249,792		
<b>b</b> Actuarial value					<b>2b</b> 249,792		
3 Funding target/participant count breakdown			(1) Number of	narticinar			
a For retired participants and beneficiaries receiving payment		3a	(1) Namber of	0	(2) Furnaling Tunger		
	Г	3b		0			
<b>b</b> For terminated vested participants		30					
C For active participants:	Г	20/1\					
(1) Non-vested benefits	• • • • • • • • •	3c(1)					
(2) Vested benefits		3c(2)			228,742		
(3) Total active	Г	3c(3)		3	228,742		
<b>d</b> Total		3d	<del>r i</del>	3	228,742		
4 If the plan is at-risk, check the box and complete lines a and b		• • • • •	•• 🗀				
<b>a</b> Funding target disregarding prescribed at-risk assumptions		• • • • •		4	·a		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding	-				IL.		
at-risk for fewer than five consecutive years and disregarding	loading factor	• • • • •					
5 Effective interest rate	<u> </u>				6.67		
6 Target normal cost				'	6		
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying sched accordance with applicable law and regulations. In my opion, each other assumption is reasonabl combination, offer my best estimate of anticipated experience under the plan.	ules, statements and attachn le (taking into account the ex	nents, if any, is o	complete and accurate. Eaplan and reasonable expe	ach presribed ctations) and	assumption was applied in such other assumptions, in		
SIGN HERE				0	1/06/2011		
Signature of actuary					Date		
Theodore Andersen, M.A.A.A., MSPA					08-02034		
Type or print name of actuary				lost rece	nt enrollment number		
Pension Associates				(203) 356-0306			
Firm name			Telepho	one numb	per (including area code)		
2001 West Main Street, Suite 230		. "					
US Stamford CT 06902	<u> </u>				•		
Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated	I under the statute	in complet	ting this schedule	e, check t	he box and see		
instructions	· .						

Part I	I Beginr	ning of year carryover a	and prefunding balances							
			. (a)	(a) Carryover balance (b) Pre		refunding balance				
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior										
year)			•	. 0				0		
8 Portion used to offset prior year's funding requirement (item 35 from prior year)				0						
Portion used to onset prior year's furiding requirement (item 35 from prior year)      Amount remaining (item 7 minus item 8)			·	0			0			
10 Interest on item 9 using prior year's actual return of					0					
11 Prior year's excess contributions to be added to prefunding balance:										
a Excess contributions (item 38 from prior year)									0	
b Interest on (a) using prior year's effective rate of 6.43 %										
c Total available at beginning of current plan year to add to prefunding balance										
d Portion of item (c) to be added to prefunding balance										
			deemed elections		0					
			n 9 + item 10 + item 11d - item 12).		0					
***************************************	110-X112971	ing percentages	10 10 10 10 10 10 10 10 10 10 10 10 10 1						<u> </u>	
							14	109.20	%	
			ntage				15	109.20	<del>- /0</del> %	
							<del>  ''</del>			
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement						16	98.31	%	
			an is less than 70 percent of the fund				17		<del></del> %	
		ributions and liquidity		arrig target, eriter e	don por don dago		1		- 70	
			e plan year by employer(s) and empl	ovees:						
	) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	unt paid by	•	
	D-YYYY)	employer(s)	employees	(MM-DD-YYYY)				(c) Amount paid by employees		
	L.			Totals ► 18(b)		0 18(	(1)			
<b>19</b> Dis	counted en	nplover contributions see	instructions for small plan with a val		·	100	9,1			
					- · · ·	19a				
a Contributions allocated toward unpaid minimum required contribution from prior years								0		
			equired contribution for current year adjus		ľ	19c				
		ributions and liquidity short								
	-	n have a "funding shortfall"					Yes	ХNo		
			installments for the current year ma				Yes	□No		
			emplete the following table as applicate	-			Lies	LINO		
	11 200 15 11	es, see manucuons and co	Liquidity shortfall as of er		is plan vear					
		(1) 1st	(2) 2nd	(3) 3rd		(4)	(4) 4th			
		(.)	(-)	(5) 514		\''				
			,							

Part V Assumpt	ions used to determine f	unding target and target nor	mal cost		-
21 Discount rate:					
a Segment rates:	1st segment	2nd segment	3rd segment		☐N/A, full yield curve used
	4.60 %	6.65 %	6.76 %		
				21b	0
		<u> </u>		22	65
23 Mortality table(s) (	· — — — — — — — — — — — — — — — — — — —	Prescribed combined	Prescribed separate	s	Substitute
Part VI Miscella					
<b>24</b> Has a change bee	en made in the non-prescribe	d actuarial assumptions for the cu	rrent plan year? If "Yes," see	e insti	ructions regarding required
attachment					
		nt plan year? If "Yes," see instruc			
		ctive Participants? If "Yes," see in		atta	chment Yes X No
<b>27</b> If the plan is eligib	ole for (and is using) alternativ	e funding rules, enter applicable o	code and see instructions		
regarding attachm		<u> </u>		27	
		m required contributions for			
<b>28</b> Unpaid minimum	required contribution for all pr	ior years		28	0
29 Discounted emplo	yer contributions allocated to	ward unpaid minimum required co	ontributions from prior years		
(item 19a)			<u> </u>	29	0
<b>30</b> Remaining amour	nt of unpaid minimum require	d contributions (item 28 minus iter	n 29)	30	0
Part VIII Minimur	n required contribution f	or current year			
<b>31</b> Target normal cos	st, adjusted, if applicable (see	instructions)		31	0
32 Amortization insta	Ilments:		Outstanding Balance		Installment
a Net shortfall amor	tization installment			0	0
<b>b</b> Waiver amortizati	on installment			0	0
33 If a waiver has be	en approved for this plan yea	r, enter the date of the ruling lette	r granting the approval		
(Month		r) and the waived a	· ·	33	0
34 Total funding requ	irement before reflecting carr	yover/prefunding balances			
(item 31 + item 32	2a + item 32b - item 33)			34	0
•		Carryover balance	Prefunding Balance		Total balance
35 Balances used to	offset funding requirement	0		. 0	0
36 Additional cash re	quirement (item 34 minus iter	n 35)		36	0
37 Contributions allo	cated toward minimum require	ed contribution for current year ad	justed to valuation date		
	· ·	<u> </u>		37	0
38 Interest-adjusted excess contributions for current year (see instructions)				38	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)				39	
		ears		40	

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

### Krishna K. Dixit MD Defined Benefit Plan 20-2064257 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 1/1/2010

**Funding Method:** As prescribed in IRC Section 430

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

New participants are 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)

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	4.60
Segment 2	6 - 20	6.65
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 -10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

10E - 2010 Applicable Mortality Table for 417(e) (unisex)

**Discrimination Test Assumptions:** 

HCE Determination - Based on all employees

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

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

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

**Asset Valuation Method:** 

Pre-Retirement - Interest -8%

Post-Retirement - Interest -

Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits