	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit	ctions 104 and 4065 of the Employe		2009
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the odd (the Code).		This Form is Open to Public
Ρ	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection
		entification Information	0			2010
For	calendar plan year 2009 or fisca			g	2/30/2	
	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan
B	This return/report is for:	first return/report	final retur	•		
-		an amended return/report		year return/report (less than 12 mo	nths)	
C	Check box if filing under:	Form 5558		extension		DFVC program
		special extension (enter descriptio				
		nation—enter all requested inform	ation		46	The second straight
	Name of plan PENDRA SHAH PHYSICIAN P.					Three-digit plan number
Brio						(PN) • 001
					1c	Effective date of plan 01/01/2004
	Plan sponsor's name and addre PENDRA N. SHAH PHYSICIAN	ess (employer, if for single-employer PC	plan)		2b	Employer Identification Number (EIN) 11-2769838
736 A	VENUE Y.				2c	Plan sponsor's telephone number 516-852-6314
	OKLYN, NY 11235				2d	Business code (see instructions) 621112
	Plan administrator's name and PENDRA N. SHAH PHYSICIAN		Y.	,	3b	Administrator's EIN 11-2769838
		BROOKLYN,	NY 11235	j	3c	Administrator's telephone number 516-852-6314
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan humbe	r from the last return/report. Sponso	r's name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	1
b	Total number of participants at	the end of the plan year			5b	1
C		th account balances as of the end of	, ,	· ·	5c	
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b		e annual examination and report of a				X Yes No
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	67710	6	857998
b	Total plan liabilities		7b		0	0
С	Net plan assets (subtract line 7	b from line 7a)	7c	67710	6	857998
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total
а	Contributions received or recei	vable from:	8a(1)	12500	0	
					0	
					0	
b				5589	2	
С	Total income (add lines 8a(1),	3a(2), 8a(3), and 8b)	8c			180892
d	Benefits paid (including direct r	ollovers and insurance premiums				
-	, ,				0	
e f		ve distributions (see instructions)			0	
٦ ~	•	s (salaries, fees, commissions)			0	
g h	•	3e, 8f, and 8g)	Ŭ		D	0
i		8 8h from line 8c)				180892
j		e instructions)			0	

Page **2-**1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amou	Int	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
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 fidelity bond, that was caused by fraud or dishonesty?	10d		х				
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		x				
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 year end.)	10g		Х				
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						
Part	VI Pension Funding Compliance							
11								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?		Yes	X No
	(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 amortized in this plan year, see instruct granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
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 energative 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 during the plan year or any prior 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 u of the PBGC?	under	the co				Yes	X 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	3c(1) Name of plan(s):		130	:(2) EII	N(s)	13	3c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	 a_c2u	se is i	etabli	shed			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/14/2011	BHUPENDRA N SHAH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/14/2011	BHUPENDRA N SHAH
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	S	CHEDULE SB	Single-En	nlover	Define	d Ren	efit Plan		OM	B No. 1210-0110	
	•	(Form 5500)		ctuaria						2000	
		Department of the Treasury Internal Revenue Service								2009	
—		Department of Labor	This schedule is rec Retirement Income S						This For	m is Open to Public	—
		ee Benefits Security Administration on Benefit Guaranty Corporation		nternal Rever					11113 1 01	Inspection	
				an attachme	ent to Form	5500 or \$		10/04	0/0040		
		ndar plan year 2009 or fiscal p		2/31/2009			and endin	g 12/30	0/2010		
		nd off amounts to nearest do ion: A penalty of \$1,000 will b		of this report	unless reaso	nable ca	use is establisher	I			
-		of plan					B Three-digit				
		IDRA SHAH PHYSICIAN P.C.	DEFINED BENEFIT PLA	N			plan numbe		•	001	
							·	,			
		noncorio nome co chour en l	ing 2g of Form FEOD or FE				D Employer Id	ontificat	ion Number		
		ponsor's name as shown on I DRA N. SHAH PHYSICIAN P		00-3F			1	entincat			
							11-2769838				
Εī	уре о	of plan: 🛛 Single 🗌 Multipl	e-A Multiple-B	F	Prior year pla	ın size: 🗙	100 or fewer	101-50	00 More	than 500	
Pa	art I	Basic Information		•				-			
1		er the valuation date:	Month <u>12</u>	Day <u>31</u>	Year 2	2009	_				
2	Ass	ets:									
	а	Market value						2a		675	5560
	b	Actuarial value						2b		675	5560
3	Fun	iding target/participant count b	oreakdown			(1) N	umber of participa		(2	Funding Target	
	а	For retired participants and I	peneficiaries receiving pay	yment				0			0
	b	For terminated vested partic	ipants		3b			0			0
	С	For active participants:									
											0
		()						1			6464 6464
	d	(3) Total active						1			6464
4		e plan is at-risk, check the bo					Π	-			
-	a	Funding target disregarding	,				·[_]	4a			
		Funding target reflecting at-r									
	~	at-risk for fewer than five co						4b			
5	Effe	ective interest rate						5		5.30	
6	Tar	get normal cost						6			0
		nt by Enrolled Actuary best of my knowledge, the information s	unplied in this schedule and assor	monuing ophodu	ulas atatamanta	and attachm	ente if env is complete	and acour	rota. Each proce	ribad accumption was applia	din
	accorda	ance with applicable law and regulations ation, offer my best estimate of anticipa	s. In my opinion, each other assum	nption is reasonal	ble (taking into a	ccount the e	experience of the plan ar	nd reasona	ble expectation	s) and such other assumption	is, in
	SIGN										
	ERE								07/29/	2011	
			Signature of actuary						Date		
THE	ODOI	RE ANDERSEN, M.A.A.A., M	• ·						11-02	2034	
		Туре	or print name of actuary				_	Most re	ecent enrolli	ment number	
PEN	SION	ASSOCIATES	. ,						203-356	6-0306	
			Firm name				Tele	ephone i	number (inc	luding area code)	
		ST MAIN ST. STE 230 RD, CT 06902									
	Address of the firm										
If the	actua	ary has not fully reflected any	regulation or ruling promu	ulgated under	r the statute	in comple	eting this schedule	, check	the box and	d see	
	uction		5	3			J ac concare	,			

Part II	Beginning	of year	carryover	and	prefunding	g balances
---------	-----------	---------	-----------	-----	------------	------------

Pa	art II	Beginnin	ng of year	carryove	r and prefundir	ng bal	ances						
		-						(a) C	Carryover balance		(b) F	Prefundin	ng balance
7					cable adjustments (It					0			0
8	Portion	used to offse	et prior year's	funding req	uirement (Item 35 fr	om prior	year)			0			0
9	Amoun	t remaining (I	tem 7 minus i	tem 8)						0			0
10	Interes	t on item 9 us	ing prior year	's actual ret	urn of%					0			0
11	Prior ye	ear's excess o	contributions t	o be added	to prefunding balan	ce:							
	a Exc	ess contributi	ions (Item 38	from prior y	ear)						116493		
	b Inte	erest on (a) us	ing prior year	's effective	rate of6.31 %								7351
	C Tota	al available at	beginning of c	urrent plan y	ear to add to prefund	ing bala	nce						123844
	d Portion of (c) to be added to prefunding balance												
12	12 Reduction in balances due to elections or deemed elections								0				
13	Balanc	e at beginning	g of current ye	ear (item 9 +	⊦ item 10 + item 11d	– item ⁻	12)			0			123844
P	art III	Fundin	g percenta	ages									
14	Fundin	g target attain	ment percent	age								14	82.78 %
												15	101.36 %
15 Adjusted funding target attainment percentage 15 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							98.79 %						
17		,	0 1		s less than 70 percer							17	%
P	art IV	Contrib	outions an	d liauidit	y shortfalls								
					ear by employer(s) a	nd emp	ovees:						
	(a) Dai IM-DD-Y	te	(b) Amount p employer	aid by	(c) Amount paid employees		(a) Da		(b) Amount pa employer(s		(0	Amour (: emplo	nt paid by
	/25/201		employer	125000	0	0	(,	0	~)		ompio	,
				L			Totals ►	18(b)		125000	18(c)		0
19	Discou	nted emplove	r contribution:	s – see inst	ructions for small pla	an with a	valuation da	ate after th	e beginning of the	vear:			
_					mum required contri				F	19a			0
	-			•	justed to valuation d					19b			0
					, ired contribution for c				-	19c			117772
20		rly contributio								-			
					ne prior year?							П	Yes X No
			-		allments for the curr								Yes No
	C If 20a	a is "Yes," see	e instructions	and comple	ete the following tabl								
		(4) 4-1			Liquidity shortfall	as of en	d of Quarter					(4) 41	
		(1) 1st			(2) 2nd			(3)	3rd		(4) 4th		

Page 3

Pa	rt V Assumptions used to	determine fu	unding target and target	normal cost				
21	Discount rate:							
	a Segment rates: 1st se	egment: 5.28 %	2nd segment: 6.59 %	3rd segment: 6.65 %		N/A, full yield curve used		
	b Applicable month (enter code)				. 21b	0		
22	Weighted average retirement age				. 22	66		
	Mortality table(s) (see instructions)			escribed - separate	Substitute	9		
Pa	rt VI Miscellaneous items							
	Has a change been made in the nor		arial assumptions for the curren					
25	5 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment							
26	Is the plan required to provide a Sch	nedule of Active F	Participants? If "Yes," see instru	ctions regarding required	attachment.	Yes X No		
27	If the plan is eligible for (and is using regarding attachment		•		27			
Pa			m required contribution		1 1			
28	Unpaid minimum required contributi	on for all prior ye	ars		. 28	0		
29		allocated toward	unpaid minimum required contr	butions from prior years	29	0		
30	Remaining amount of unpaid minim				. 30	0		
Pa	rt VIII Minimum required co	ontribution f	or current vear	,	1			
31	Target normal cost, adjusted, if appl		•		. 31	0		
32	Amortization installments:			Outstanding Bal	ance	Installment		
	a Net shortfall amortization installm	ient			0	0		
	b Waiver amortization installment				0	0		
33	If a waiver has been approved for th (Month Day				33	0		
34	Total funding requirement before refitem 33)				34	0		
			Carryover balance	Prefunding bala	ince	Total balance		
35	Balances used to offset funding requ	uirement		0	0	0		
36	Additional cash requirement (item 3-	4 minus item 35)			. 36	0		
37	Contributions allocated toward minir (Item 19c)	•			37	117772		
38	Interest-adjusted excess contribution	ns for current vea	ar (see instructions)		. 38	117772		
39					. 39	0		
40	· · · · · · · · · · · · · · · · · · ·	-			. 40			

							
	Form 5500-5F 2009		Page 2-	و معمو در این این این ا			
Pai	Plan Characteristics						
9a	If the plan provides pansion banefits, enter the applicable pansion feature of IA	codes from the Lis	st of Pian Character	istic Code	is in the ins	tructions;	
d	If the plan provides welfare benafits, anter the applicable welfare feature or	odes from the List	of Plan Characteria	tic Codes	in the instr	uctions:	
	Compliance Questions						
10	During the plan year:			Y	rs Ng	Amp	unt
	Was there a failure to transmit to the plan any participant contribution with	thin the time perior	d described in		x		
b	29 CFR 2510,3-1027 (See Instructions and DOL's Voluntary Fiduciary Co Were there any nonexempt transactions with any party-in-Interest? (Do n			10a			
-	on line 10a.)			105	x		
	Was the plan covered by a fidelity bond?			100	x		
ដ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity i or dishonesty?	bond, that was ca	used by fraud	10d	x		
e	Were any fees or commisions paid to any brokers, agents, or other perso	ons by an insuranc	e carrier,			1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
	insurance services or other organization that provides some or all of the b instructions.)	benefits under the		10e	x		
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 yes	arend.)		10g	x		
h	If this is an individual account plan, was there a blackout period? (See ins 2520,101-3.)			10h	x		
ì	If 10h was answered "Yes," check the box if you either provided the requi	ired notice or one	of the				
	exceptions to providing the notice applied under 29 CFR 2520.101-3			101			C
		* * * * * *					<u>Charlender and Franker and </u>
<u>思</u>]] 11	Pension Funding Compliance			e Schedu	le SB (Fom)	
enter the second	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I 5500) Is this a defined contribution plan subject to the minimum funding requirement	If "Yes," see instru ments of section 4	uctions and complet			<u> </u>]YesN]Yes _XN
11 12 2	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I 5500) Is this a defined contribution plan subject to the minimum funding requirer (If "Yes," complete 12a or 12b, i2c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amor granting the waiver	If "Yes," see instru ments of section 4 rized in this plan 3	uctions and complet 12 of the Code of s year, see instruction	ection 30	2 of ERISA	7 , , [7 , , []Yes XN
11 12 2	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I 5500) Is this a defined contribution plan subject to the minimum funding requirer (If "Yes," complete 12a or 12b, i2c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amor	If "Yes," see instru ments of section 4 rized in this plan 3	uctions and complet 12 of the Code of s year, see instruction	ection 30	2 of ERISA	7 [X]Yes XN
11 12 if y	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I 500)) Is this a defined contribution plan subject to the minimum funding requirer (If "Yes," complete 12a or 12b, i2c, 12d, and 12e below, as applicable.) If a watver of the minimum funding standard for a prior year is being amor granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	If "Yes," see instru- ments of section 4 rtized in this plan y orm 5500), and al	It of the Code of s	ection 30	C of ERISA	7 [X]Yes XN
11 12 14 15y b	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (1 5500)) Is this a defined contribution plan subject to the minimum funding requirer (If "Yes," complete 12a or 12b, i2c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amar granting the waiver out completed time 12a, complete times 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year	If "Yes," see instru- ments of section 4 rtized in this plan y orm 5500), and al	It of the Code of s	ection 30	lor the data Day	7 [X]Yes XN
11 12 Ify b c d	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I 500)) Is this a defined contribution plan subject to the minimum funding requirer (If "Yes," complete 12a or 12b, i2c, 12d, and 12e below, as applicable.) If a watver of the minimum funding standard for a prior year is being amor granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	If "Yes," see instru- ments of section 4 rtized in this plan y orm 5500), and al	It of the Code of e rash as instruction kip to line 13.	ection 30	lor the data Day_ 12b 12c 12d	7 . [9 of this lotter ru Year]Yes XN
11 12 a ify b cd e	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I 5500)) Is this a defined contribution plan subject to the minimum funding requirements? (I 5500)) Is this a defined contribution plan subject to the minimum funding requirements? (I 5700) Is this a defined contribution plan subject to the minimum funding requirements? (I 5700) Is this a defined contribution plan subject to the minimum funding requirements? (I 5700) If a waiver of the minimum funding standard for a prior year is being amor granting the waiver If a waiver of the minimum funding standard for a prior year is being amor granting the waiver If a waiver of the minimum funding standard for a prior year is being amor granting the waiver If a waiver of the minimum funding contribution for this plan year Enter the amount contributed by the amployer to the plan for this plan year Subgative amount) Will the minimum funding amount reported on line 12d be met by the fund Will the minimum funding amount reported on line 12d be met by the fund Will the minimum funding amount reported on line 12d be met by the fund	If "Yes," see instru- ments of section 4 rised in this plan y orm 5500), and al	inclions and complete 12 of the Code or s rate, bas instruction Mon kip to line 13. 	ection 30	2 of ERISA ler line data Day_ 12b 12c 12c 12d	7 [7 [9 of the letter ru Year	Yes X N
11 12 a ify b cd e	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (Source State Stat	If "Yes," see instru- ments of section 4 rised in this plan ; orm 5500), and al ar ult (enter a minus ting deadlina?	incliens and complete 12 of the Code or s rean, eas instruction kip to line 13.	ection 30	ter the data Day	7 [7 [9 of the letter ru Year	Yes XN
11 12 12 14 15 15 13 13 13	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I Solo)) Is this a defined contribution plan subject to the minimum funding requirements? (I for verse," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a welver of the minimum funding standard for a prior year is being emer- ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year Subbact the amount contributed by the employer to the plan for this plan year Subbact the amount in line 12b from the amount in line 12b. Enter the reasing segative emount) Will the minimum funding amount reported on line 12d be met by the fund Will the minimum funding amount reported on line 12d be met by the fund Will the minimum funding amount reported on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund Will the minimum funding amount feparted on line 12d be met by the fund will the plan the minimum ference of a sector the employeer of the sector the employeer of the sector the employeer of the sector the sector the sec	If "Yes," see instru- ments of section 4 rised in this plan ; orm 5500), and al ar will (enter a minus ling deadline? or any prior year? er this year	it 2 of the Code or s rear, eas instruction kip to line 13.	ection 30	2 of ERISA ber ihe data Day 12b 12c 12d 12d	7 [7 [9 of the letter ru Year	Yes X N
11 12 ify b c d e Fild 13a b	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (Source State Stat	If "Yes," see instru- ments of section 4 rized in this plan y orm 5500), and al ar will (enter a minus ling deadline? or any prior year? er this year	In the laft of a sign to the laft of a sign	ection 30	2 of ERISA ber ihe data Day 12b 12c 12d 12d 12d 12d 12d 12d		Yes X N
11 12 a ify b c d e 13a b c	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (I 5500) Is this a defined contribution plan subject to the minimum funding requirements? (I 5500) Is this a defined contribution plan subject to the minimum funding requirer (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 amore granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year Enter the amount contributed by the amployer to the plan for this plan year Subbract the amount in line 12c from the amount in line 12b. Enter the reas negative amount) Will the minimum funding amount reported on line 12d be met by the fund Mas a resolution to terminate the plan been adopted during the plan year of the PBGC? If upper substance is a static plan year of the plan year of the plan year of the plan year of the plan sets that reverted to the employer of the PBGC?	If "Yes," see instru- ments of section 4 rized in this plan y orm 5500), and al ar will (enter a minus ling deadline? or any prior year? er this year	In the laft of a sign to the laft of a sign	ection 30	2 of ERISA ber ihe data Day 12b 12c 12d 12d 12d 12d 12d 12d]Yes 💽 N Ims No 🗍 N/]Yes 🕵 N
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Schedule SB, line 22 -Description of Weighted Average Retirement Age

Bhupendra Shah Physician PC Defined Benefit Plan

11-2769838 / 001

For the plan year 12/31/2009 through 12/30/2010

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, line 19 -Discounted Employer Contributions

Bhupendra Shah Physician PC Defined Benefit Plan

11-2769838 / 001

For the plan year 12/31/2009 through 12/30/2010

Valuation Date: 12/31/2009

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	,
Deposited Contribution Applied to Additional Contribution	2/25/2011 12/31/2009	\$125,000 125,000	117,772	0	0	5.3	0
Totals for Deposited Contribution		\$125,000	\$117,772	\$0	\$0		

Schedule SB, Part V **Summary of Plan Provisions**

Bhupendra Shah Physician PC Defined Benefit Plan 11-2769838 / 001

For the plan year 12/31/2009 through 12/30/2010

Employer: Type of Entity -	Bhupendra Shah Physician PC S-Corporation					
	EIN: 11-2769838 TIN: 20-1961663 Plan #: 001					
<u>Dates:</u>	Effective - 1/1/2004 Year end - 12/30/2010 Valuation - 12/31/2009 Top Heavy Years - 2009					
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 66 and completion of 10 years of participation Early - Not provided						
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive years of service Highest 5 consecutive top heavy years of participation					
Plan Benefits: Retirement -	Derived from the unit credit benefit formula below rounded to the nearest dollar:					
	10% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)					
Accrued Benefit -	Unit credit based on service					
	Minimum Benefit - None Maximum 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) plan actuarial equivalence interest and mortality					
Death Benefit -	Present Value of Accrued Benefit					
Top Heavy Minimum:	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$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

Bhupendra Shah Physician PC Defined Benefit Plan

11-2769838 / 001

For the plan year 12/31/2009 through 12/30/2010

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

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	3.53
	Segment 2	6 - 20	4.81
	Segment 3	> 20	5.10

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Bhupendra Shah Physician PC Defined Benefit Plan

11-2769838 / 001

For the plan year 12/31/2009 through 12/30/2010

Valuation Date:	12/31/2009				
Funding Method:	As prescribed in IRC	As prescribed in IRC Section 430			
Age	- Eligibility age at last	Eligibility age at last birthday and other ages at last birthday			
	New participants are	e included in current year's valuation			
Retrospective Compensation	- Highest 3 consecutiv	ve years of service			
Form of Payment	the greater of the pr Applicable Mortality equivalence discour exceed 415 maximu	syment for funding is lump sum equivalent of normal form. Funding Target for lump sum is esent value of accrued benefit computed using funding segment rates and 417(e) Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial need using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not im allowable distribution, which is the lesser amount computed using a) 5.5% interest and ality Table or b) plan actuarial equivalence interest and mortality			
Interest Rates	- Segment rates for th permitted under IRC	ne Valuation Date as 2 430(h)(2)(C) & (G)			
	Segment #	Year Rate %			
	Segment 1	0 - 5 5.28			
	Segment 2	6 - 20 6.59			
	Segment 3	> 20 6.65			
Pre-Retirement -	Mortality Table -	None			
	Turnover/Disability -	None			
	Salary Scale -	None			
	Expense Load -	None			
	Ancillary Ben Load -	- None			
Post-Retirement -	Mortality Table -	09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)			
	Cost of Living -	None			
	Lump Sum -	09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A) at 5% or			
		09E - 2009 Applicable Mortality Table for 417(e) (unisex)			
Asset Valuation Method:	Fair market value of	assets adjusted for contributions under IRC 430(g)(4)			
Discrimination Test Assumption	<u>ns:</u>				
HCE Determination -	Based on all employ	rees			
Otherwise Excludable -	Otherwise Excludab	le HCEs are included with the Not Otherwise Excludable employees			
410(b)/401(a)(4) Testing:					
Pre-Retirement -	Interest -	8%			
Post-Retirement -		8% U84 - 1984 Unisex			
Permissively Aggregated Plans -	Tested as a Single F	Plan			
Compensation -	Use current comper	sation to calculate the benefit accrual rate (annual method)			
Testing Age -	Normal retirement a	ge or attained age, if older			
Normal Form for MVAR -	Joint with 50% Surv	ivor Benefits			

SCHEDULE SB (Form 5500)	SCHEDULE SB Single-Employer Defined Benefit Plan (Form 5500) Actuarial Information			-	OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service	This schedule is required to be filed	under sectio	on 104 of th				2009
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	 Retirement Income Security Act of 19 Internal Revenue Code (File as an attachment to Fellowing Content of Fellowing	the Code).			T		n is Open to Public Inspection
For calendar plan year 2009 or fiscal plan ye			and er		12/30	/2010	
Round off amounts to nearest dollar.				<u></u>		/2020	
	essed for late filing of this report unless reas	onable cau	use is esta	blished.			
A Name of plan Bhupendra Shah Physician	n P.C. Defined Benefit Plan			B Three- plan nu		(PN) ►	001
	of Form 5500 or 5500 F7						
Plan sponsor's name as shown on line 2a Bhupendra N. Shah Physic				11-27			Number (EIN)
Type of plan: X Single Mul	tiple-A 🔲 Multiple-B 📕 F Prior ye	ar plan siz	e: X 100) or fewer	101	1-500	More than 500
art I Basic Information						ho	
1 Enter the valuation date:	Month <u>12</u> Day <u>31</u>	_ Year	2009				
2 Assets:				· · · · · · · · · · · · · · · · · · ·			
		• • • • •		••••	2a		675,560
	<u> </u>	· · · · <u>·</u>	1	• • • • • •	2b		675,56
Funding target/participant count breakd		3a	(1) Nurr	ber of partici	pants	(2) Funding Target
	iaries receiving payment	3b		0			
b For terminated vested participants	••••••••••			<u>_</u>			
C For active participants:		3c(1)					
		3c(2)					666,46
		3c(3)		1			666,46
d Total		3d		1			666,46
If the plan is at-risk, check the box and			•• 🗆				
	bed at-risk assumptions umptions, but disregarding transition rule fo ve vears and disregarding loading factor				4a 4b		
				••••	4 0 5		5.30
	<u> </u>				6	· · ·	3.30
To the best of my knowledge, the information supplied in accordance with applicable law and regulations. In my op combination, offer my best estimate of anticipated experi-	this schedule and accompanying schedules, statements and attach ion, each other assumption is reasonable (taking into account the e ence under the plan.	ments, if any, is	complete and a	ccurate. Each presr	ibed assur	nption was app other assumpti	blied in
SIGN HERE	hature of actuary				07/2	29/2011 Date	
Juga Theodore Andersen, M.A.A.					11	-02034	
······································	print name of actuary			Most re		nrollment	number
Pension Associates	, ,					-0306	
	Firm name			Telephone nu			area code)
2001 West Main St. Ste 23	30						
US Stamford	CT 06902						
	iress of the firm						
, , , , , , , , , , , , , , , , , , , ,	ation or ruling promulgated under the statute	in comple	ting this s	chedule, cheo	ck the b	box and s	ee
tructions							
Paperwork Reduction Act Notice and OMB C	Control Numbers, see the instructions for Form	n 5500 or 5	500-SF.			Sched	ule SB (Form 5500) 2 v.0923

Schedule SB (Form 5500) 2009

Page	2

Part II Begini	ning of year carryover and	d prefunding balances							
	s)		(a) ((a) Carryover balance (b) Pr) Prefunding balance		
7 Balance at be	ginning of prior year after app	licable adjustments (item 13 from	prior						
year)				0				0	
8 Portion used t	o offset prior year's funding re	equirement (item 35 from prior yea	ar)	0				0	
9 Amount remaining (item 7 minus item 8)				0				0	
	m 9 using prior year's actual r			0				0	
	cess contributions to be adde								
•		year)					116	5,493	
		e rate of6.31 %						,351	
		an year to add to prefunding bala			·			,844	
	• • •	ding balance						8,844	
		eemed elections		0			120	0	
		9 + item 10 + item 11d - item 12).		0	·		123	8,844	
	ling percentages			01				,044	
						14	82.78	2 0/	
						15	101.36	/0	
	<u> </u>	s of determining whether carryove				15	101.30	5 70	
•	61 6 I I		1 0	,		16	98.79	`	
		is less than 70 percent of the fun			<u>••••</u>	17	90.73		
	ributions and liquidity sh		ding target, enter su	ch percentage • • •	• • • • •	17		%	
	· · · · · · · · · · · · · · · · · · ·							··	
	······································	lan year by employer(s) and emp							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)			unt paid by lovees	,	
02/25/2011	125,000					omp	loyees		
02/25/2011	125,000							-	
	<u> </u>								
	· · · · · · · · · · · · · · · · · · ·		·····					··· ·	
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					000 100				
10 51 4 4			Totals ► 18(b)		000 18(c	:)			
		structions for small plan with a va		, ° °					
	•	inimum required contribution from	prior years	•••••	19a			C	
	ns made to avoid restrictions	,			19b			0	
		uired contribution for current year adju	sted to valuation date		19c		117	',772	
	ributions and liquidity shortfal								
		r the prior year?			• • • • •	Yes	XNo		
b If 20a is "Y	es," were required quarterly in	nstallments for the current year ma	ade in a timely manr	ner?	••••	Yes	No		
c If 20a is "Y	es," see instructions and com	plete the following table as applic							
	· · ·	Liquidity shortfall as of e	nd of Quarter of this	plan year					
	(1) 1st	(2) 2rid	(3) 3rd		(4)	4th			

Schedule SB (Form 5500) 2009

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Part V Assumptions u	sed to determine fu	unding target and target norr	nal cost				
21 Discount rate:							
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used		
	5.28 %	6.59 %	6.65 %		· -		
b Applicable month (enter c	code)		<u> </u>	21b	0		
22 Weighted average retirem		<u> </u>	<u> </u>	22	66		
23 Mortality table(s) (see inst	tructions) X	Prescribed combined	Prescribed separate		Substitute		
Part VI Miscellaneous	items	×	<u></u>				
24 Has a change been made	e in the non-prescribed	d actuarial assumptions for the cu	rent plan year? If "Yes," see	e inst	ructions regarding required		
attachment			• • • • <u>• • • • • • • • • • •</u> • • • •		· · · · · Yes X No		
25 Has a method change be	en made for the curre	nt plan year? If "Yes," see instruct	ions regarding required atta	ichme	ent . Yes 🛛 No		
26 Is the plan required to pro	ovide a Schedule of Ac	ctive Participants? If "Yes," see ins	structions regarding required	d atta	chment Yes X No		
27 If the plan is eligible for (a	and is using) alternativ	e funding rules, enter applicable c	ode and see instructions				
regarding attachment				27			
		m required contributions for					
28 Unpaid minimum required	d contribution for all pri	ior years		28	0		
29 Discounted employer con	tributions allocated to	ward unpaid minimum required co	ntributions from prior years				
(item 19a)				29	0		
30 Remaining amount of unp	paid minimum required	d contributions (item 28 minus iten	n 29)	30	0		
Part VIII Minimum requ	ired contribution for	or current year					
31 Target normal cost, adjus	sted, if applicable (see	instructions)		31	0		
32 Amortization installments:	•		Outstanding Balance		Installment		
a Net shortfall amortization	installment			0	0		
b Waiver amortization insta	Illment			0			
		r, enter the date of the ruling letter	granting the approval				
(Month Day	· ·	r) and the waived a	• • • •	33	0		
34 Total funding requirement	t before reflecting carr	yover/prefunding balances					
	-			34	0		
		Carryover balance	Prefunding Balance		Total balance		
35 Balances used to offset fu	unding requirement	0		0	0		
36 Additional cash requirement (item 34 minus item 35)				36	0		
		ed contribution for current year ad					
		<u></u>		37	117,772		
38 Interest-adjusted excess contributions for current year (see instructions)				38	117,772		
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)				39			
40 Unpaid minimum required	d contribution for all ye	ars	<u></u>	40			