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 Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 550	0-SF.		
		lentification Information					
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010	
Α.	Γhis return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan
В .	This return/report is for:	first return/report	final retur	n/report			
		an amended return/report	short plar	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progra	am
		special extension (enter description	on)				
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation				
1a	Name of plan				1b	Three-digit	
CHAI	NDRA VENUGOPAL MD, PA D	EFINED BENEFIT PENSION PLAN	AND TRU	ST		plan number	001
					4 -	(PN) •	<u> </u>
					10	Effective date of 01/01/2	
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	r plan)		2b	Employer Ident	
	NDRA VENUGOPAL MD, PA		μ.α,			(EIN) 65-103	
33/17	STATE ROAD 7, #203				2c	Plan sponsor's	telephone number 3-6100
	INGTON, FL 33449				2d		(see instructions)
					24	621111	
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	2")	3b	Administrator's	
СПА	NDRA VENUGOPAL MD, PA	WELLINGTO			20	65-103	
					30	561-79	telephone number 3-6100
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		<i>1</i> c	PN	
5a	Total number of participants at	the beginning of the plan year			5a		15
	• •	the end of the plan year			5b		33
	• •	ith account balances as of the end o			30		
	• • •			•	5c		
6a	Were all of the plan's assets of	luring the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
b				ndent qualified public accountant (IQI ons.)			X Yes No
				SF and must instead use Form 55			☐ 163 ☐ 1 1 0
Pa	rt III Financial Inform		0	or and muct motoda acc r crim co	-		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year
а	Total plan assets		. 7a	873983	3	(0) ====	1554848
b	Total plan liabilities			C)		
		7b from line 7a)		873983	3		1554848
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b)	Total
а	Contributions received or rece			445903	3		
	., .,		` '		_		
	• • •			(
	, ,)					
	,	- (-) - (-)		342111			788014
C		8a(2), 8a(3), and 8b)	. 8c				700014
d		rollovers and insurance premiums	8d	(
е		tive distributions (see instructions)		(
f	Administrative service provide	rs (salaries, fees, commissions)	8f	2653	3		
g	Other expenses		8g	104496	6		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h				107149
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				680865
i	Transfers to (from) the plan (se	ee instructions)	. 8i				

	Form 5500-SF 2010	Page 2- 1							
Par	t IV Plan Characteristics	-							
a	If the plan provides pension benefits, enter the applicable pension feature	e codes from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions		
b	1A 3D If the plan provides welfare benefits, enter the applicable welfare feature 4B	codes from the List of Plan Chara	cteris	tic Cod	des in t	he instru	ctions:		
art	t V Compliance Questions								
0	During the plan year:			Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Control of the plan and DOL's Voluntary Fiduciary Control of the plan and DOL's Voluntary Fiduciary Control of the plan and participant contributions v		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	•	10b		X				
С	Was the plan covered by a fidelity bond?		10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the binstructions.)	enefits under the plan? (See	10e	X					10599
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 ye	ar end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See ir 2520.101-3.)		10h						
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one of the	10ii						
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? 5500))						X	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requir							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 amo granting the waiver.								ng
lf y	you 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			L	12b				
С	Enter the amount contributed by the employer to the plan for this plan ye	ar		L	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	`			12d				
е	Will the minimum funding amount reported on line 12d be met by the fun	ding deadline?				Yes	N	lo	N/A
art	VII Plan Terminations and Transfers of Assets								
 }a	Has a resolution to terminate the plan been adopted during the plan year	or any prior year?					Π	Yes	X No

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 brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	10/11/2011	WILLIAM DALTON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2011	WILLIAM DALTON
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).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

_			1	2			an attachme	ent to Form	5500 Or			10/04 //	2040			
			lan year 2010			ar beginning C	01/01/2010			and	endin	g 12/31/2	2010			
			amounts to													
				1,000 will be	asse	ssed for late filing	of this report	unless reas	onable ca	use is estal	olished					
		of pla		ID DA DEEU	VED I	BENEFIT PENSIO	ANI DI ANI ANID	TDUCT		B Thre	e-digit				001	
СП	AINDR	A VE	NUGUPAL IV	ID, PA DEFI	NEDI	BENEFII PENSIO	IN PLAN ANL	JIKUSI		plan	numbe	er (PN)	•			
						·=	0=			D		.161 .1				
			or's name as : NUGOPAL M		e 2a (of Form 5500 or 55	500-SF				•	entificatio	n Nun	nber (I	EIN)	
Citi	ANDIN	AVL	NUGUFAL IVI	ID, FA						65-10362	205					
_										<u> </u> 7		1				
<u>E</u> 1	уре с	f plan	: X Single	Multiple	Α	Multiple-B	F	Prior year pla	an size: /	100 or fev	er er	101-500	^	More th	han 500	
Pá	art I	В	asic Inform	mation												
1	Ente		valuation dat		Мо	onth 12	Day31	Year	2010							
2	Ass															
_	a		et value									2a				1108946
	b									•••••		2b				1108946
									(4))					(0) 5	- " -	
3	Fun	J	arget/particip						(1) N	lumber of pa	articipa			(2) 1	Funding Targ	
	a					iaries receiving pa	•					0				0
	b	For	terminated ve	ested particip	ants .			3b				5				848
	С	For	active particip	oants:												
		(1)	Non-vested	benefits				3c(1)								1891
		(2)	Vested bene	efits				3c(2)								1135115
		(3)	Total active					3c(3)				17				1137006
	d	Tota	ıl					3d				22				1137854
4	If th	e plar	n is at-risk, ch	eck the box	and c	omplete items (a)	and (b)		I.	П						
•		•	·			. ,	` '			ш		4a				
	a		0 0	0 0.		oed at-risk assump						4a				
	b					umptions, but disreve ve years and disre						4b				
5	Fffe					ve years and disre		•				5				6.05 %
6												6				422348
												0				722070
		•	Enrolled Act	•	nlind in	this schedule and accor	mpanying schodu	los statoments	and attachm	nonte if any is	omploto	and accurate	. Each	nroccrih	and accumption w	as applied in
	accorda	ance wit	h applicable law a	and regulations.	n my o	pinion, each other assun										
			ner my best estim	ate of anticipated	ı exper	ience under the plan.										
	SIGN															
Н	ERE												10	0/05/20	011	
				Si	gnatu	re of actuary								Date		
CHA	RLES	S W. E	DAY										1	1-018	53	
				Type o	r prin	t name of actuary						Most rec	ent er	nrollme	ent number	
ACT	UARI	AL DA	ATA, INC	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,								2-429-8		
					Fir	m name					Tolo	nhone nu	ımher	· (inclu	ding area cod	ام ا
			Y AVENUE,	SUITE 200		iii iiaiiie					1 616	priorie riu	iiiibei	(IIICIU	ullig area coc	ie)
CAR	NEG	IE, PA	15106													
				A	ddre	ss of the firm				_						
If the	actu	arv ha	s not fully ref	lected any re	teluna	ion or ruling promu	ilaated under	r the statute	in comple	eting this so	hedula	check th	e hov	and o	see	П
	ıction		o not runy rei	lociou arry re	guial	ion or running profits	aigaica aila c i	statute	comple	omig tillo ot	Joanie	, oncor in		· and s		\sqcup

age	2-	1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
				-			(a)	Carryover balance		(b) l	Prefundi	ng balance
7		-	• , ,		cable adjustments (Item 13	•			0			0
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from pric	or year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%							
11					d to prefunding balance:							
	-				year)							268998
			,		e rate of6.62 %							17808
	C Total available at beginning of current plan year to add to prefunding balance											
	d Portion of (c) to be added to prefunding balance											
12												
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)									0			
	Part III Funding percentages											
											14	97.45 %
14											15	97.45 %
10	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17	If the cu	rrent val	ue of the assets o	of the plan i	is less than 70 percent of the	e funding ta	rget, enter :	such percentage			17	%
P	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contribu	itions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:						
(N	(a) Date IM-DD-Y\		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE	Date D-YYYY)	(b) Amount pai employer(s		(0	-	nt paid by byees
03	/24/2011			110000								
05	5/25/2011			104496								
09	/14/2011			231407								
						Totals ▶	18(b)		445903	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	year:			
	a Contri	ibutions	allocated toward	unpaid min	imum required contribution	from prior y	ears	Γ	19a			0
	a Contributions allocated toward unpaid minimum required contribution from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date 19b 0											
	C Contri	butions a	allocated toward mi	inimum req	uired contribution for current y	ear adjusted	d to valuation	n date	19c			427073
20	Quarterl	y contrib	outions and liquidit	ty shortfalls	3:			<u> </u>				
		=	-	-	the prior year?						X	Yes No
		•			stallments for the current year							Yes No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						-
					Liquidity shortfall as of e		er of this pla	an year				
-		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th)
				1		1			1			

Pa	rt V Assumptio	ns used to determine t	unding target and tar	get n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %		3rd segment: 6.45 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	62
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	е
Pa	rt VI Miscellane	ous items					
24	•	nade in the non-prescribed act	·		•		· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	ctions r	egarding required attac	hment	Yes No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstructi	ons regarding required	attachment.	Yes X No
27		or (and is using) alternative fur	9 / 11			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	ions f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29		contributions allocated toward			' '	29	0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	m 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		djusted, if applicable (see inst				31	422348
32	Amortization installme	ents:	·		Outstanding Bala	ince	Installment
	a Net shortfall amort	tization installment				28908	4689
	b Waiver amortization	on installment				0	0
33		approved for this plan year, en Day Year				33	0
34	0 1	ment before reflecting carryove	1 0			34	427037
			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)			36	427037
37		ed toward minimum required co	•	•		37	427073
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	36
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 30	6 over it	em 37)	39	0
40	Unnaid minimum regu	uired contribution for all years		40	0		

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant: 2010 Nonannuitant Male Use optional combined mortality table for small plans:

Female Nonannuitant:

2010 Nonannuitant Female

No

Male Annuitant: 2010 Annuitant Male

Applicable months from valuation month:

Lump sums use proposed regulations:

Use discount rate transition:

Actuarial Equivalent Floor

Yes

Yes

Female Annuitant:

2010 Annuitant Female

Stability period:

plan year

None

2nd

5.90

0.00

Lookback months:

Probability of lump sum:

0.00%

5

Use pre-retirement mortality: No Nonannuitant: Annuitant:

2010 Applicable

Segment rates:

<u>1st</u> 3.14

Current:

5.31

<u>2nd</u>

<u>3rd</u> 5.47

0.00

High Quality Bond rates:

5.90 N/A N/A

0.00

Final rates: Override:

3.14

0.00

6.45

<u> 3rd</u>

6.45

N/A

0.00

Override: 0.00

1st

3.60

Salary Scale

Male: Female: 0.00%

0.00%

Withdrawal

Male: None

Female: None

Withdrawal-Select

Male:

None

Female:

None

Early Retirement Rates Male:

None

Female:

None

Subsidized Early Retirement Rates

None

Male: Female:

None

Late Retirement Rates

Male:

None

Female:

None

Marriage Probability

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male:

None

Female:

None

Mortality

Setback

Setback

0

Male: Female: None None 0 0

Name of Plan:

Chandra Venugopal MD, PA Defined

Plan Sponsor's EIN:

65-1036205

Plan Number:

Service/Participation Requirements **Eligibility Requirements**

Definition of years: Hours worked 21 Age (yrs):

Continuing hours: Age (months): 0 1.000

Wait (months): 12 **Excluded classes:** Union Members Two year eligibility: No Non-resident alien

Other

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal **Subsidized Early Early Disability Death**

62 Age: 0 Service: 5 Participation:

1st of month **Defined:** following

Benefit Reduction / Mortality table & setback

Male: Actuarial Equivalence Actuarial Equivalence None 0 0 Female: Actuarial Equivalence Actuarial Equivalence None

Rates - Male: None None None Rates - Female: None None None

No **REACT Benefits Percentage: Use Social Security Retirement Age:** 100.00%

Vesting Schedule: 2/20

Vesting Definition:

Hours Worked Percentage of accrued benefit: 100.00%

Pre-retirement death benefit

Death Benefit Payment method: Greater of PVAB or Face

Annuity Percent Years Normal: Joint and contingent 0 100.00% QJSA: Joint and contingent 0 100.00%

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN: 65-1036205

Benefits

Pension Formula: HCE

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2009

Unit type: Percent
Unit based on: Accrual
Maximum total percent: 0.00%
Tiers based on: None
First tier: 10.00%

First tier: 10.00% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 99 Future years: 99 Total years: 25

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: No

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:Continuing
1000Died
1000Disabled
1000Retired
1000Terminated
1000Precision:
1000N/A
Limit current credit

to: N/A

Years based on:ParticipationCap/floor years:0Maximum past accrual years:0.0000Cap or floor:FloorMethod:Unit accrualAccrual % per year:0.00%Apply 415 before accrual:No

Frozen Benefits

Fresh Start Date: 01/01/2009 Fresh start approach No wear away
Apply increase to frozen compensation: No Reduce years and/or caps Years not caps

Selected Formula: N/A by frozen years:

Associated defined contribution/cash balance

Projected interest rate: 0.00%
Participant receives contribution in year of retirement: No

Plan name:

Selected formula: N/A

Name of Plan: Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN: 65-1036205

Benefits

Pension Formula: Original

Type of Formula: Unit benefit integrated

Effective Date: 01/01/2005

Simplified

<u>Formula</u> <u>% per Unit</u> <u>Maximum Total %</u> <u>table limit</u> <u>Adjust %</u>

Base: 100.00% 100.00% No **Excess:** 17.50% 17.50% No No

<u>Maximum Credits</u> <u>Past years</u> <u>Future years</u> <u>Total years</u>

Base: 99 99 25 **Excess:** 99 99 25

Units based on: Participation

Integration level

Covered compensation table:DynamicRounding:ExactUniform dollar amount:None

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: No

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit: Continuing Died Disabled Retired Terminated Precision: N/A

1000 1000 1000 1000 1000 1000 Limit current credit

1000 1000 1000 1000 1000 Limit current credit to: N/A

Years based on:ServiceCap/floor years:0Maximum past accrual years:0.0000Cap or floor:FloorMethod:FractionalAccrual % per year:0.00%

Apply 415 before accrual: No

Frozen Benefits

Fresh Start Date: 01/01/2009 Fresh start approach No wear away
Apply increase to frozen compensation: No Reduce years and/or caps Years not caps

Selected Formula: N/A by frozen years:

Name of Plan: Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN: 65-1036205

Associated defined contribution/cash balance

Projected interest rate: 0.00%
Participant receives contribution in year of retirement: No

Plan name:

Selected formula: N/A

Name of Plan: Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN: 65-1036205

Benefits

Pension Formula: NHCE

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2009

Unit type: Percent
Unit based on: Accrual
Maximum total percent: 0.00%
Tiers based on: None
First tier: 0.50%

First tier: 0.50% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 99 Future years: 99 Total years: 25

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: No

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:Continuing
1000Died
1000Disabled
1000Retired
1000Terminated
1000Precision:
Limit current credit

to: N/A

Years based on:ParticipationCap/floor years:0Maximum past accrual years:0.0000Cap or floor:FloorMethod:Unit accrualAccrual % per year:0.00%Apply 415 before accrual:No

Name of Plan: Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN: 65-1036205

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation	N Ella sa sa ettas	abanaut ta Fa-		mspection		
For calendar plan year 2010 or fiscal pl		1/01/2010	5500 or 5500-SF.	12/31/2010		
Round off amounts to nearest do		1/01/2010	and chang	12/31/2010		
Caution: A penalty of \$1,000 will be		port unless reas	onable cause is established.			
A Name of plan			B Three-digit plan number (F	PN) • 001		
Chandra Venugopal MD, P	A Defined Benefit D	encion Pla	n and Trust			
C Plan sponsor's name as shown on lin		CHSTOH PIA		fication Number (EIN)		
Chandra Venugopal MD, P			65-1036205	ication Number (Env)		
E Type of plan: X Single Multiple	-A Multiple-B	F Prior year pla	an size: X 100 or fewer 10	01-500 More than 500		
Part I Basic Information		'	-			
1 Enter the valuation date:	Month 12 Day	31 Year_	2010			
2 Assets:						
a Market value		**>>	2	a 1,108,946		
b Actuarial value	***************************************		2	b 1,108,946		
3 Funding target/participant count be	eakdown		(1) Number of participants	(2) Funding Target		
a For retired participants and be	eneficiaries receiving payment	3a		0 0		
b For terminated vested participation	pants	3b		5 848		
c For active participants:						
(1) Non-vested benefits	***************************************	3c(1)		1,891		
(2) Vesled benefits		3c(2)		1,135,115		
(3) Total active		3c(3)		1,137,006		
d Total	***************************************	3d		22 1,137,854		
4 If the plan is at-risk, check the box	and complete items (a) and (b)	.4 6 5	<u> </u>			
 a Funding target disregarding p 	rescribed at-risk assumptions		4	а		
	k assumptions, but disregarding secutive years and disregarding t			b		
5 Effective interest rate				6.05 %		
6 Target normal cost	······································		6	422,348		
accordance with applicable law and regulations combination, offer my best estimate of anticipate	In my opinion, each other assumption is read expenence under the plan			accurate Each prescribed assumption was applied in sonable expectations) and such other assumptions in		
SIGN HERE	WD			10/05/2011		
Si	gnature of actuary			Date		
Charles W. Day				11-01853		
Туре с	r print name of actuary		Мо	st recent enrollment number		
Actuarial Data, Inc				(412)429-8700		
102 Broadway Avenue, Sui	Firm name te 200		Telepho	ne number (including area code)		
Carnegie		15106				
	Address of the firm		-			
If the actuary has not fully reflected any reinstructions For Panerwork Reduction Act Notice a				eck the box and see		

D	2
rade	Z- I

Pa	art II	Beair	nning of year carry	over and prefunding ba	ances					_		
			g c. jour carry			(a) (Carryover balance		(b)	Prefundi	ng balance	,
7		•		applicable adjustments (Item 13				0		_		0
8	Portion	used to	offset prior year's fundin	g requirement (Item 35 from prio	r year)			o				0
9	Amoun	t remaini	ng (Item 7 minus item 8)	***************************************				_ 0				0
10	Interest	on item	9 using prior year's actu	al return of0.00%								
11	Prior ye	ar's exc	ess contributions to be a	dded to prefunding balance:								
	a Exc	ess conl	ributions (Ilem 38 from p	rior year)							268,	998
	b Inte	rest on (a	a) using prior year's effec	clive rate of <u>6.62</u> %							17,	, 808
	C Tota	al availab	le at beginning of current	plan year to add to prefunding bala	лсе						286,	806
	d Port	lion of (c) to be added to prefund	ng balance								0
12	12 Reduction in balances due to elections or deemed elections											0
13	3 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)							0				0
P	art III	Fun	ding percentages									
14										14	97.45	5 %
15									-	15	97.45	5 %
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							to reduce		16	95.92	
17		<u> </u>		lan is less than 70 percent of the					,	17		%
D.	art IV	Con	tributions and liqu	idity shortfalls					1		-	
		.1		an year by employer(s) and emp	lovees'							
	(a) Dat IM-DD-Y	e	(b) Amount paid by employer(s)		(a) Da (MM-DD-		(b) Amount pa employer((nt paid by	
	3/24/2		110,0		(,	5.0,515,510	,			,,,,,,	
	5/25/2		104,4									
	9/14/2		231,4									
	7 = -1 -											
									-			
					Totals ▶	18(b)	4.	45,903	18(c)			0
19	Discour	ted emp	lover contributions - see	Instructions for small plan with	a valuation d	ate after th		- '				
			•	minimum required contribution f			1	19a				
			•	ns adjusted to valuation date				19b				0
				required contribution for current y				19c			427,	073
20			outions and liquidity shor								,	
•		*		for the prior year?			******************		***********	X	Yes	No
				installments for the current year						_	i 🗀	No
				emplete the following table as ap				Γ				
	U 11 ZUE	. 10 103,		Liquidity shortfall as of er	133	of this pla	n year					
	·	(1) 1	st	(2) 2nd			3rd			(4) 4th		
					1							

										
Pa	ırt V Assumptio	ns used to determine f	unding target and target i	normal cost						
21	Discount rate:									
	a Segment rates:	1st segment: 3 . 14 %	2nd segment: 5 . 90 %	3rd segment: 6 . 4 5 %		N/A, full yield curve used				
	b Applicable month	(enter code)			21b	0				
22	Weighted average rel	lirement age		****	22	62				
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined Pres	scribed - separate	Substitut	e				
Pa	rt VI Miscellane	ous items								
24	-		uarial assumptions for the current							
25	Has a method change	been made for the current pla	an year? If "Yes," see instructions	regarding required attack	nment	Yes X No				
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	lions regarding required a	attachment	Yes X No				
27			ding rules, enter applicable code		27					
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contributions	for prior years						
28		·	ears		28					
29			unpaid minimum required contribu		29					
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus item 29).		30	C				
Pa	rt VIII Minlmum	required contribution f	or current vear		,	 -				
31	 -		uctions)		31	422,348				
32	Amortization installme	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Outstanding Bala	nce	Installment				
	a Net shortfall amorti	ization installment)4**(+())*((\)#****(*#****)>+4**(*#**)>4**()##*)*#**14(*		28,908	4,689				
	b Waiver amortizatio	n installment	,		0					
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling letter gran) and the waived amount	ting the approval	33	C				
34	• ,		r/prefunding balances (item 31 + i		34	427,037				
	·		Carryover balance	Prefunding balar	nce	Total balance				
35	Balances used to offs	et funding requirement	0		0	C				
36	Additional cash requir	ement (item 34 minus item 35)			36	427,037				
37	•	•	ntribution for current year adjusted		37	427,073				
38					38	36				
39	-	Interest-adjusted excess contributions for current year (see instructions)								
40	Unnoid minimum roqu	40								

Attachment to 2010 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameChandraVenugopalMD,PADefinedBenefitPensionPlan andEthtst65-1036205Plan Sponsor's NameChandraVenugopalMD,PAPN:001

Date of	Date of Year Effective Interest Adjusted						
	Amount		Interest Rate	Contribution:			
Contributon	Amount	Applied 2010	6.05				
03/24/2011	110,000			104,740			
05/25/2011	104,496	2010	6.05	100,296			
09/14/2011	231,407	2010	6.05	222,037			
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Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Chandra Venugopal MD, PA Defined Benefit Pension Plan an	q ElM nz	£ 5-1036205
Plan Sponsor's Name Chandra Venugopal MD, PA	PN:	001
The weighted average retirement age is equal to the normal retirement age of62		
List the rate of retirement at each age and describe the methodology used to compute th retirement age, including a description of the weight applied at each potential retirement 100% retire at age 62.	_	ited average

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant:

2010 Nonannuitant Male

Female Nonannuitant:

2010 Nonannuitant Female

Male Annuitant:

2010 Annuitant Male

Female Annuitant:

2010 Annuitant Female

0.00

Applicable months from valuation month:

Probability of lump sum:

0.00%

Use pre-retirement mortality:

No

Annuitant:

Nonannuitant:

2010 Applicable

Segment rates:

1st 2nd <u>3rd</u> 3.14 5.90 6.45 N/A N/A

High Quality Bond rates:

N/A 3.14 5.90 6.45

0.00

0.00

Override:

Final rates:

Salary Scale

Male: 0.00%

Female:

0.00%

Withdrawal

Male: None

Female: None

Withdrawal-Select

Male:

None

Female:

None

Early Retirement Rates

Male:

None

Female:

None

Subsidized Early Retirement Rates

Male:

None

Female:

None

Name of Plan:

Chandra Venugopal MD, PA Defined

Plan Sponsor's EIN:

65-1036205

Plan Number:

001

Options:

Use optional combined mortality table for small plans:

Yes

Use discount rate transition:

No Yes

Lump sums use proposed regulations:

Stability period:

plan year

Lookback months:

Actuarial Equivalent Floor

5 None

Current:

1st 3.60 2nd 5.31 3rd 5.47

Override:

0.00

0.00

0.00

Late Retirement Rates

Male: Female: None None

Marriage Probability

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male: Female: None None

Male:

Female:

Mortality

None

None

0

0

Setback

Setback

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

Age (months):

0 12

Continuing hours:

1,000

Wait (months): 12
Two year eligibility: No

Excluded classes:

Union Members Non-resident alien

Other

Earnings

Total compensation excluding:

403(b) Cafeteria

Other

Prior to participation 415 prior to participation

Retirement

Normal

Early

Subsidized Early

Disability

Death

Age:

Service:

62 0 5

Participation: Defined:

1st of month

following

Benefit Reduction / Mortality table & setback

Male: Female: Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence None None 0

Rates - Male:

None

None

None

Rates - Female:

None

None

None

Use Social Security Retirement Age:

No

REACT Benefits Percentage:

100.00%

Vesting Schedule:

2/20

Pre-retirement death benefit

Vesting Definition:

Hours Worked

Percentage of accrued benefit:

100.00%

Death Benefit Payment method: G

Greater of PVAB or Face

Normal: QJSA: Annuity

Joint and contingent

Joint and contingent

Percent 100.00% 100.00%

0

Years

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Benefits

Pension Formula:

HCE

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2009

Unit type: Unit based on: Percent Accrual

Maximum total percent: Tiers based on:

0.00% None

First tier:

10.00% None

for 1st None for next None

Second tier: Third tier:

None

for remaining yrs

Maximum credit:

Past years: Future years: Total years:

99 99 25

Averaging

Projection method:

Current Compensation

Apply exclusion to accrued benefit: Annualize short compensation years:

No No

Based on: Highest:

Final Average 3

Annualize short plan years:

Nο

In the last: **Excluding:** 0 0

Include compensations based on years of:

Accrual

Accrual

Frozen:

Definition of years:

Hours worked

Died

1000

Fractions based on: N/A

Accrual credit:

Continuing

Disabled 1000 Retired 1000 Terminated 1000 Precision: N/A Limit current credit

to:

Years based on:

Participation

Cap/floor years:

0

Maximum past accrual years:

0.0000

1000

Cap or floor:

Floor 0.00%

Method:

Unit accrual

Accrual % per year: Apply 415 before accrual:

No

Frozen Benefits

Fresh Start Date:

01/01/2009

Fresh start approach Reduce years and/or caps

No wear away Years not caps

Apply increase to frozen compensation: Selected Formula:

No N/A

by frozen years:

Associated defined contribution/cash balance

Projected interest rate:

0.00% No

Participant receives contribution in year of retirement: Plan name:

Selected formula:

N/A

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Benefits

Pension Formula:

Original

Type of Formula:

Unit benefit integrated

Effective Date:

01/01/2005

<u>Formula</u>

Base:

Excess:

% per Unit 100.00%

17.50%

Maximum Total %

100.00%

17.50%

Simplified

table limit

No

Adjust % No

No

Maximum Credits

Base: Excess: Past years 99 99

Future years 99

Total years 25 25

Units based on:

Participation

Integration level

Covered compensation table:

Dynamic Exact

Rounding: Uniform dollar amount:

None

Averaging

Projection method: Based on:

Current Compensation Final Average

Apply exclusion to accrued benefit: Annualize short compensation years: No No No

Highest:

3 0

Annualize short plan years: Include compensations based

N/A

In the last: **Excluding:**

0

on years of:

Accrual

Accrual

Frozen:

Definition of years:

Hours worked

<u>Died</u>

1000

Fractions based on:

Accrual credit:

Continuing

Disabled

Retired

Terminated

Precision:

N/A

1000

1000

1000

1000

Limit current credit

Years based on:

Service

Cap/floor years:

0

Maximum past accrual years:

0.0000

Cap or floor:

Floor

to:

Method:

Fractional

Accrual % per year: Apply 415 before accrual: 0.00% No

Frozen Benefits

Fresh Start Date:

01/01/2009

Fresh start approach Reduce years and/or caps No wear away Years not caps

Apply increase to frozen compensation: Selected Formula:

No N/A

by frozen years:

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Associated defined contribution/cash balance

Projected interest rate: 0.00%
Participant receives contribution in year of retirement: No

Plan name:

Selected formula: N/A

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Benefits

Pension Formula:

NHCE

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2009

Unit type: Unit based on: Percent Accrual

Maximum total percent: Tiers based on:

0.00% None

First tier: Second tier: 0.50% None

for 1st None None for next

Third tier:

None

for remaining yrs

Maximum credit:

Past years: Future years: Total years:

99 99 25

Averaging

Projection method:

Current Compensation

Apply exclusion to accrued benefit: Annualize short compensation years:

No No No

Based on: Highest:

3

Annualize short plan years: Include compensations based

In the last: **Excluding:** 0 0

Final Average

on years of:

1000

Accrual

Accrual

Frozen:

No

Definition of years:

Hours worked

Fractions based on: N/A

Accrual credit:

Continuing 1000 Died Disabled 1000

Retired 1000 **Terminated** 1000 Precision: Limit current credit

N/A

N/A

to:

Years based on:

Participation

Cap/floor years:

0 Floor

Maximum past accrual years: Method:

0.0000 Unit accrual Cap or floor: Accrual % per year: Apply 415 before accrual:

0.00% No

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Attachment to 2010 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameChandra VenugopalMD, PADefined BenefitPensionPlan and Plan and Plan and Plan and Plan and Plan and Plan Sponsor's NameChandra VenugopalMD, PAPN: 001

	Dream Malus of		,		
	Present Value of		1 1		
	Any Remaining		Years	Amortization	
Type of Base	Installments	Valuation Date	Remaining	Installment	
SHORTFALL	28,908	12/31/2010	7	4,689	
	20,000	12/32/2010	 ' 		
			 	-	
			 		
		-			
			 		
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Attachment to 2010 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameChandraVenugopalMD, PADefined BenefitPensionPlan and Plan and Plan and Plan and Plan and Plan and Plan Sponsor's NameElM:5-1036205Plan Sponsor's NameChandraVenugopalMD, PAPN:001

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
03/24/2011	110,000	2010	6.05	104,740
05/25/2011	104,496		6.05	100,296
09/14/2011	231,407	2010	6.05	222,037
05/11/2011	231,107	2010	0.03	222,037
				+
				
				1
				+

Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Chandra Ve	nugopal MD,	PA Defined Be	enefit 1	Pension	Plan	and E1N :us6t5	-1036205
Plan Sponsor's Name	Chandra Venu	ıgopal MD, PA				PN:	001
The weighted average reti	rement age is e	qual to the norma	al retireme	ent age of	62	<u>-</u> ·	
List the rate of retirement a retirement age, including a 100% retire at age 6	description of t		0,		•	•	d average

Attachment to 2010 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name Chandra Venugopal MD, PA Defined Benefit Pension Plan and Plans to 5-1036205

Plan Sponsor's Name Chandra Venugopal MD, PA Ph: 001

	Present Value of	1		
	Any Remaining		Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
SHORTFALL	28,908	12/31/2010	7	4,689
	·			·
	+			
	+			
	+			
	+			
	+			
	+			
	+			