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 acc	ordance wit	h the instructions to the Form 5500	0-SF.		Jeotron			
Pa	art I Annual Report Identification Information				•				
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Δ -	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan			
	This return/report is for:	inal retu			ш	·			
	an amended return/report	H	year return/report (less than 12 mor	othe)					
_	 	11115)							
C	Check box if filing under:	extension		☐ DFVC progra	m				
	special extension (enter descri	ption)							
Pa	art II Basic Plan Information—enter all requested info	rmation							
	Name of plan			1b	Three-digit				
SAJI	FRANCIS, M.D., PC DEFINED BENEFIT PLAN				plan number	001			
				4.	(PN) •				
				10	Effective date of 01/01/2	•			
2a	Plan sponsor's name and address (employer, if for single-employer	ver nlan)		2h	Employer Identif				
	FRANCIS, M.D., PC	yei piari)		20	(EIN) 61-1428				
				2c	Plan sponsor's to	elephone number			
	RAMESH GOEL EAST 42ND STREET, SUITE 1903				516-799				
	NY 10168			2d	Business code (s	see instructions)			
32	Plan administrator's name and address (if same as Plan sponsor	r ontor "Same	2")	3h	Administrator's E				
SAJI	FRANCIS, M.D., PC C/O RAM	ÉSH GOEL	,	30	61-1428				
	122 EAST NYC, NY		ET, SUITE 1903	3с	Administrator's to	elephone number			
					516-799	-7700			
	f the name and/or EIN of the plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN				
r	name, EIN, and the plan number from the last return/report. Spor	nsor's name		4 c	PN				
5a	Total number of participants at the beginning of the plan year			5a		3			
_						0			
	Total number of participants at the end of the plan year		:	5b					
C	Total number of participants with account balances as of the end complete this item)		` .	5c		0			
6a	Were all of the plan's assets during the plan year invested in eli					X Yes No			
_	Are you claiming a waiver of the annual examination and report	-	· ·						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibil					X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.					
Pa	rt III Financial Information		T						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End				
а	Total plan assets	<u>7a</u>	914341			0			
b	Total plan liabilities	7b	С			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	914341			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:	2 (1)		,					
	(1) Employers		0						
	(2) Participants								
_	(3) Others (including rollovers)	•	0						
b	Other income (loss)	8b	-5287						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-5287			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		909054	<u>.</u>					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0)					
f	Administrative service providers (salaries, fees, commissions)	8f	C)					
g	Other expenses		C)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					909054			
i	Net income (loss) (subtract line 8h from line 8c)					-914341			
i	Transfers to (from) the plan (see instructions)		C)					
•	, , , , , , , , , , , , , , , , , , , ,	OJ	i ·						

Form 5500-SF 2010	Page 2- ¹
-------------------	-----------------------------

Part IV	Plan	Charact	eristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 3D

D	ir tn	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	iic Co	des in 1	ine insti	ructions	:		
art	٧	Compliance Questions								
0	Dui	ring the plan year:		Yes	No		Am	ount		
а		/as there a failure to transmit to the plan any participant contributions within the time period described in 19 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						0		
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X					0
С	Wa	as the plan covered by a fidelity bond?	10c		Χ					0
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X			0	
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X					0
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X					0
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					0
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i							
art		Pension Funding Compliance								
11	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	_	No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 30	CHOIT	JUZ UI	LINIOA	· · · _] .00	ш.	••
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver								
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,					
b	Ent	er the minimum required contribution for this plan year			12b					
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c					
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d			_		
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	; <u> </u>	No	N/	Α
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	1	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ntrol		X	Yes		٧o
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s	s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab								
Во	· Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retundedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/strue, correct, and complete.		,		·				
SIGI	F	Filed with authorized/valid electronic signature. 10/12/2011 STEPHEN OMAL	LEY							

SIGN	Filed with authorized/valid electronic signature.	10/12/2011	STEPHEN OMALLEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2010 Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). Department of Lebor Employee Benefits Security Administration This Form is Open to Public Pension Benefit Guaranty Corporation inspection Complete all entries in accordance with the instructions to the Form 5500-SF Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 12/31/2010 and ending single-employer plan A This return/report is for: multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Saji Francis, M.D., PC Defined Benefit Plan plan number 001 (PN) > 1C Effective date of plan 1/1/2004 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 611428266 Sali Francis, M.D., PC 2c Plan sponsor's telephone number 5167997700 2d Business code (see instructions) 621111 c/o Ramesh Goel 122 East 42nd Street, Suite 1903 NYC NY 10168 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 611428266 Saji Francis, M.D., PC 3c Administrator's telephone number 5167997700 c/o Ramesh Goel 122 East 42nd Street, Suite 1903 NYC NY 10168 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the tast return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year...... b Total number of participants at the 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 complete this item)... 0 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.)..... Yes No if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information

(a) Beginning of Year

914341

914341

0

78

7b

7¢

Plan Assets and Liabillies

b Total plan liabilities.....

a Total plan assets.....

C Net plan assets (subtract line 7b from line 7a)......

8	Income, Expenses, and Transfers for this Plan Year	T							
_	2 Contributions received or receivable from:					(b) Ye	otal		
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	88(3)							
i	Other income (loss)	8b	-5287						
(8c		*020	"				
•	Benefits paid (Including direct relievers and incurance promitions	- 00						-5287	
	το binaine DeUeigs)""""	₿d	9	0905	4				
6	The state of the s	80			0				
f	Administrative service providers (salaries, fees, commissions)	_ 8f		· · · · · ·	0				
9	Other expenses	her expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						909054	
j	Net Income (loss) (subtract line 8h from line 8c)	· 8i						-914341	—
1	Transfers to (from) the plan (see instructions)	Bi	······································	(,+			-914341	
[b.	1	0) [, ;				
9a	rt IV Plan Characteristics								
va	the state of the state of the substitution of the substitution is	boo enulse	es from the List of Plan Cha	racter	istio C	odeş lı	n the Instruction	ms:	
	1A 3D								
ь	if the eign possibles will be a								
D	if the plan provides welfare benefits, enter the applicable welfare fer	ature code	s from the List of Plan Char	acteria	itic Co	dos in	The instruction	ne.	
							W MANIACTOR	15.	
Par	t V Compliance Questions								
10	During the plan year:					,			
a					Yes	No	An	nount	
		ant Como	dies Deserva						
b	troid those diff ixhexempt trafisaceons with any naity.in.interesty	On not to	distribution described and a second contract of the second	10a	 	X	 		0
				10b		X	1		_
Ċ	Was the plan covered by a fidelity bond?			100			-		0
d	Did the plan have a loss, whether or not relimbursed by the plan's fid or dishonasty?		************************	100		X			0
	or dishonesty?	olity bond,	that was caused by fraud	40.4					
0	TYOIR SILV 1885 OF COMMISSIONS haid to any horizon agosts as all the silvers and the silvers a			10d		X			0
					-]	[
	**************************************		t	10e	- 1	\times			0
f	Has the plen falled to provide any benefit when due under the plen?	***********	****************************	101		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f vasrand	, t		-			~	_0
h	If this is an individual account plan, was there a blackout period? (be-	a Inakaraki.		10g		$X \mid$			0
1	To man to to all attention to be to		1	10h	i	$\times 1$			
	* IVII WAS DISWORD "TOS." Chock the hot if you obbor provided the		P			-`\		 -	
D. (the providing the noice applied under 29 CFR 2520, 101-3.	*********	*********	101		- 1			
Part	VI Pension Funding Compliance							**************************************	
11	is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes	" see instructions and como	leie S	chedu	0 20 6	Com		_
12	s this a defined contribution plan public to the	/14P+4111F/corte					Гопп П	Yes N	٥
	the property in the property of the minutes in the first party of the property	Uirements.	of section 412 of the Code o	r secl	lon 30	2 of F1	RISA2	Yes N	
9								-	-
4	If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.	mortized in	i this plan year, see instruction	ons. a	nd ent	er the	date of the let	ter ruling	
If y	granting the waiver		**************************						
b	Enter the minimum required contributes for this state of the contributes	o (Louis of	100), and skip to line 13.		ŗ				_
	Enter the minimum required contribution for this plan year	************			12	26			
ď:	C Enter the emount contributed by the employer to the plan for this plan year		,.,	12	?c			_	
- 7	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount).				12	,			-
6 1	Nill the minimum hading amount reported on line 424 has made a		****************************	******					
Part V	Will the minimum funding amount reported on line 12d be met by the fu	nding dea	dline?	******	•••••	\Box	Yes No	N/A	
	Trustosof of Madela		·						Ne-
1J2 i	ias a resolution to terminate the plan been adopted during the plan yes	or any p	rior year?				N.	Yes No	-
	too, enter one amount to the enter the transfer to the country						r_	Yes No	~
								(·
c	the PBGC?	***************************************		er (176)	contro	PI	A ·	res No	
			*****************		*******		ן נים	22 (1 M)	

Caution: A panalty for th	a lata or incompleto titno of	this return/report will be sase:	axed unless reasonable	cause le established.

Under penellios of perjury and other penellios set forth in the instructions, I declare that I have countried this return/report, including, if applicable, a Schedule 8B or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and id the best of my knowledge and belief, it is true, correct, and complete.

EIGH	X Sangarina	10/11/11	SASI FRANCIS
HERE	Signature of plan administrator	Ciptel 1 11 11	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Dale	Enlor name of individual signing us employer or plan sponsor