| | Form 5500-SF | | | Report of Small Employ | yee | OMB Nos. 1210-0110 1210-0089 |
|--------------------|--|--|--|---|--------|--|
| | Department of the Treasury Internal Revenue Service | | Benefit | - | | 2010 |
| Er | Department of Labor nployee Benefits Security Administration | Retirement Income Security | Act of 1974 | ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the Code (the Code). | | This Form is Open to Public |
| - | ension Benefit Guaranty Corporation | | | n the instructions to the Form 550 | 0-SF | Inspection |
| Pa | art I Annual Report Id | entification Information | | | 0-01. | |
| | calendar plan year 2010 or fisca | | 0 | and ending 1 | 2/30/2 | 2011 |
| Α - | This return/report is for: | single-employer plan | multiple-e | mployer plan (not multiemployer) | | one-participant plan |
| В - | This return/report is for: | first return/report | final retur | n/report | | |
| | Ī | an amended return/report | short plar | year return/report (less than 12 mo | nths) | |
| C | Check box if filing under: | Form 5558 | automatic | extension | | DFVC program |
| | | special extension (enter description | on) | | | |
| Pa | rt II Basic Plan Inform | nation—enter all requested inform | ation | | | |
| 1a | Name of plan | | | | 1b | Three-digit |
| BHUI | PENDRA SHAH PHYSICIAN P. | C. DEFINED BENEFIT PLAN | | | | plan number (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 | · plan) | | 2b | Employer Identification Number (EIN) 11-2769838 |
| 736 AVENUE Y. | | | | | | Plan sponsor's telephone number 516-852-6314 |
| BRO | OKLYN, NY 11235 | 2d | Business code (see instructions) 621112 | | | |
| 3a BHU | Plan administrator's name and a PENDRA N. SHAH PHYSICIAN | 3b | Administrator's EIN 11-2769838 | | | |
| BROOKLYN, NY 11235 | | | | | | Administrator's telephone number 516-852-6314 |
| 4 I | f the name and/or EIN of the pla | n sponsor has changed since the la | st return/re | port filed for this plan, enter the | 4b | EIN |
| | | r from the last return/report. Sponso | | | | |
| 50 | Tatal availables of a set is in sets of | the bestime of the slave | | | | PN1 |
| | | 0 0 1 7 | | | 5a | 1 |
| b | | the end of the plan year | | | 5b | |
| С | | th account balances as of the end o | | · · | 5c | |
| 6a | Were all of the plan's assets d | uring the plan year invested in eligib | le assets? | (See instructions.) | | Yes No |
| b | | | | ident qualified public accountant (IQ | | |
| | • | • • | | ons.) SF and must instead use Form 55 | | Yes No |
| Pa | rt III Financial Informa | | 0111 3300- | or and must instead use rorm 55 | 00. | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year |
| а | Total plan assets | | . 7a | 857998 | 3 | 1089509 |
| b | Total plan liabilities | | . 7b | (| 0 | 0 |
| С | Net plan assets (subtract line 7 | b from line 7a) | . 7c | 857998 | 3 | 1089509 |
| 8 | Income, Expenses, and Transf | ers for this Plan Year | | (a) Amount | | (b) Total |
| а | Contributions received or rece | vable from: | . 8a(1) | 225000 |) | |
| | | | | (| 2 | |
| | | | | (|) | |
| b | ., , | | | 6511 | 1 | |
| c | | 8a(2), 8a(3), and 8b) | | | | 231511 |
| d | | ollovers and insurance premiums | | (| | |
| | · , | | | | | |
| e | | ive distributions (see instructions) | | (| | |
| t | • | s (salaries, fees, commissions) | | | | |
| g b | • | 20 of and $9a$ | | | - | 0 |
| h i | | 3e, 8f, and 8g) 9 8h from line 8c) | | | | 231511 |
| i | | e instructions) | | (|) | |
| | · · · · · · · · · · · · · · · · · · · | , | 0 | 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: **1**A
- 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 | Dur | ing the plan year: | | Yes | No | | Amo | unt | |
| а | | s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| b | | re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.) | 10b | | X | | | | |
| С | Wa | is the plan covered by a fidelity bond? | 10c | | Х | | | | |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty? | 10d | | X | | | | |
| e | insu | re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.) | 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 year end.) | 10g | | Х | | | | |
| h | | is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) | 10h | | X | | | | |
| i | 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 | | | | | | | | |
| Part | VI | Pension Funding Compliance | | | | | | | |
| 11 | 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Yes No | | | | | | | | |
| 12 | 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 🗌 Yes 🕅 No | | | | | | | | |
| | (If "` | Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | | | | | | | | |
| lf y | you c | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | - | | | | | |
| b | Ente | er the minimum required contribution for this plan year | | | 12b | | | | |
| С | Ente | er the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) | | [| 12d | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | ١ | lo | 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 |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | |
| b | Wer | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC? | under | the co | | | | Yes | X No |
| C | 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 | 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) | | | | | | | | |
| | | | | | | | | | . * |
| | | | | | | | | | |
| Caut | ion: | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ise is (| establi | ished. | 1 | | |

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. | 03/26/2012 | BHUPENDRA N SHAH |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 03/26/2012 | BHUPENDRA N SHAH |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

| | S | СН | EDULE | SB | | Single-En | nolov | er | Define | d Ben | nefit | Plan | | | ON | /IB No. 12 [,] | 10-0110 | |
|-----|------------------|-------------------|------------------------------------|------------------------------------|---------------|---|-------------|--------|----------------|--------------|----------|------------|----------|-----------|--------------|-------------------------|-----------|---------|
| | - | | orm 5500 | | | | | | Inform | | | i iaii | | | | 201 | 0 | |
| | | | ment of the Trea al Revenue Ser | | | | | | | | | | | | | 201 | U | |
| | | De | partment of Labo | r | | his schedule is rea tirement Income S | | | | | | | | т | his Fo | rm is On | en to Pu | blic |
| | | | nefits Security Ac | | - | | | | ue Code (th | | | | | | | Inspect | | bile |
| | | | | | | | | | nt to Form | 5500 or 5 | 5500-S | | | 0/00/00 | | | | |
| | | | plan year 20 f amounts t | | | r beginning | 2/31/201 | 10 | | | | and end | ing 1 | 2/30/20 | 11 | | | |
| | | | | | | sed for late filing | of this rei | port u | unless reaso | onable ca | use is | establish | ed. | | | | | |
| Α | Name | of pl | an | | | | - | | | | - | Three-dig | | | | | | |
| BH | UPEN | IDRA | SHAH PHY | SICIAN P.0 | C. DEFINI | ED BENEFIT PLA | ٨N | | | | | plan num | | N) | ► | | 001 | |
| | | | | | | | | | | | | | | | | | | |
| С | Plan s | spons | or's name a | s shown on | line 2a o | f Form 5500 or 55 | 500-SF | | | | DE | Employer | Identif | ication I | Numbe | r (FIN) | | |
| | | • | N. SHAH P | | | | | | | | | 769838 | laonai | | tumbo | . (2.1.1) | | |
| E | Туре с | of pla | n: 🕺 Single | Multi | ple-A | Multiple-B | | FF | Prior year pla | ın size: 🗡 | < 100 c | or fewer | 10 | 1-500 | Mor | e than 50 | 0 | |
| Р | art I | E | Basic Info | rmation | | | | | | | | | | | | | | |
| 1 | Ent | er the | e valuation d | ate: | Мо | nth <u>12</u> | Day3 | 1 | Year 2 | 2010 | _ | | | | | | | |
| 2 | Ass | sets: | | | | | | | | | | | | | | | | |
| | a | | | | | | | | | | | | 2; | | | | | 857011 |
| | b | | | | | | | | | | | | 21 | 2 | | | | 857011 |
| 3 | | 0 | target/partic | • | | | | | 20 | (1) N | lumber | of partici | pants | 0 | (2 | 2) Fundin | g Target | 0 |
| | a h | | | | | aries receiving page | | | 3a 3b | | | | | 0 | | | | 0 |
| | b C | | active partie | | icipants | | | | 30 | | | | | - | | | | |
| | C | (1) | | | | | | | 3c(1) | | | | | - | | | | 0 |
| | | (1) | | | | | | | 3c(2) | | | | | - | | | | 1016186 |
| | | (3) | | | | | | | 3c(3) | | | | | 1 | | | | 1016186 |
| | d | Tot | al | | | | | | 3d | | | | | 1 | | | | 1016186 |
| 4 | lf th | ne pla | in is at-risk, | check the b | ox and co | omplete items (a) | and (b) | | | | | | | | | | | |
| | а | Fun | ding target o | lisregarding | g prescrib | ed at-risk assump | otions | | | | | | 4a | 3 | | | | |
| | b | | | | | mptions, but disre | | | | | | | 41 | b | | | | |
| 5 | Effe | | | | | | | | - | | | | 5 | | | | | 4.90 % |
| 6 | Tar | get n | ormal cost | | | | | | | | | | 6 | | | | | 0 |
| Sta | To the accord | best of ance w | ith applicable la | the information w and regulatio | ns. In my opi | this schedule and acco inion, each other assun ence under the plan. | | | | | | | | | | | | |
| | SIGN | | | | | | | | | | | | | | | | | |
| | IER | | | | | | | | | | | | | | 03/19 | /2012 | | |
| тне | ODO | RE A | NDERSEN, | M.A.A.A., I | - | e of actuary | | | | | | | | | Date 11-0 | 2034 | | |
| PEN | ISION | I ASS | SOCIATES | Тур | e or print | name of actuary | | | | | _ | | Mo | | | ment nur 6-0306 | nber | |
| | | | AIN ST. STE CT 06902 | 230 | Firm | n name | | | | | _ | Τ | elepho | ne num | ber (ind | cluding a | rea code) |) |
| | | | | | Addres | s of the firm | | | | | _ | | | | | | | |
| | e actu uction | | as not fully r | eflected an | y regulatio | on or ruling prom | ulgated u | nder | the statute | in comple | eting th | is schedu | ule, che | eck the | box an | d see | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

| Page | 2- | 1 |
|------|----|---|
| | | |

Part II Beginning of year carryover and prefunding balances

| | | a) Carryover balance | (b) Prefund | ing balance | | | | | |
|----|---|----------------------|-------------|-------------|--|--|--|--|--|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 0 | | 123844 | | | | | |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | | 0 | | | | | |
| 9 | Amount remaining (Item 7 minus item 8) | 0 | | 123844 | | | | | |
| 10 | Interest on item 9 using prior year's actual return of8.59 % | 0 | | 10638 | | | | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | | | | | | | |
| | a Excess contributions (Item 38 from prior year) | | 117772 | | | | | | |
| | b Interest on (a) using prior year's effective rate of5.30 % | 6242 | | | | | | | |
| | C Total available at beginning of current plan year to add to prefunding balance | | 124014 | | | | | | |
| | d Portion of (c) to be added to prefunding balance | | | | | | | | |
| 12 | Reduction in balances due to elections or deemed elections | 0 | | 214434 | | | | | |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) | 0 | | 44062 | | | | | |
| Р | Part III Funding percentages | | | | | | | | |
| 14 | 14 Funding target attainment percentage | | | | | | | | |
| 15 | 15 Adjusted funding target attainment percentage | | | | | | | | |
| 16 | 16 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 current value of the assets of the plan is less than 70 percent of the funding target, enter | 17 | % | | | | | | |

Part IV Contributions and liquidity shortfalls

(1) 1st

18 Contributions made to the plan for the plan year by employer(s) and employees:

| | a) Date ·DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | | (b) Amount p employer | | (0 | c) Amount paid by employees |
|-------------|--|-----------------------------------|----------------------------------|---|-------------|--------------------------|---------|-------|-----------------------------|
| 12/21 | 1/2011 | 100000 | 0 | | | | | | |
| 02/17 | 7/2012 | 125000 | 0 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Totals For the second secon | 18(b) | | 225000 | 18(c) | 0 |
| 19 D | iscounted emp | loyer contributions – see ins | tructions for small plan with | a valuation da | te after th | ne beginning of th | e year: | | |
| а | Contributions | allocated toward unpaid min | imum required contribution | from prior yea | S | | 19a | | 0 |
| b | Contributions | made to avoid restrictions a | djusted to valuation date | | | | 19b | | 0 |
| С | Contributions a | allocated toward minimum req | uired contribution for current y | /ear adjusted to | valuatior | n date | 19c | | 213870 |
| 20 Q | uarterly contrib | outions and liquidity shortfalls | 5: | | | | | | |
| а | Did the plan h | | | Yes X No | | | | | |
| b | b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | | | | | | |
| С | C If 20a is "Yes," see instructions and complete the following table as applicable: | | | | | | | | |

| 1.1 | and the state of t | Conservation of the terms | |
|---------|--|---------------------------|---------|
| LIQUIQI | y shortfall as of end o | t cularter of this bi | an vear |
| Elgalan | y onorman ao or ona o | action of the pr | anyour |

(3) 3rd

(4) 4th

(2) 2nd

Page 3

| Pa | rt V Assumption | ns used to determine for | unding target and target | normal 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 (e | enter code) | | | 21b | 0 | | |
| 22 | | | | | 22 | 65 | | |
| | Mortality table(s) (see | | | escribed - separate | Substitut | e | | |
| Pa | rt VI Miscellaneo | us itoms | | | | | | |
| | | ade in the non-prescribed actu | uarial assumptions for the currer | | | | | |
| 25 | Has a method change | been made for the current pla | an year? If "Yes," see instruction | ns regarding required attac | hment | Yes 🎽 No | | |
| 26 | 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment | | | | | | | |
| 27 | | · · · · · · · · · · · · · · · · · · · | ding rules, enter applicable cod | | 27 | | | |
| Ра | Part VII Reconciliation of unpaid minimum required contributions for prior years | | | | | | | |
| 28 | Unpaid minimum requi | red contribution for all prior ye | ars | | . 28 | 0 | | |
| 29 | 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) | | | | | 0 | | |
| 30 | . , | | tributions (item 28 minus item 29 | | 30 | 0 | | |
| Pa | rt VIII Minimum r | equired contribution f | or current year | , | 1 1 | | | |
| 31 | | - | uctions) | | 31 | 0 | | |
| 32 | Amortization installmer | nts: | | Outstanding Bala | ance | Installment | | |
| | a Net shortfall amortiz | zation installment | | | 203237 | 26375 | | |
| | b Waiver amortization | n installment | | | 0 | 0 | | |
| 33 | | | er the date of the ruling letter gr) and the waived amount | | 33 | 0 | | |
| 34 | • | • • | r/prefunding balances (item 31 - | | 34 | 26375 | | |
| | | | Carryover balance | Prefunding bala | nce | Total balance | | |
| 35 | Balances used to offse | et funding requirement | | 0 | 0 | 0 | | |
| 36 | Additional cash require | ement (item 34 minus item 35) | | | 36 | 26375 | | |
| 37 | Contributions allocated | toward minimum required co | ntribution for current year adjus | ed to valuation date | 37 | 213870 | | |
| 38 | · / | | ar (see instructions) | | 38 | 187495 | | |
| 39 | ····,····,···· | - | | | 39 | 0 | | |
| 40 | | | | | | | | |

| More Reverse Sector Description of the control of the order control on the and the order control of the order contro | | Form 5500-SF | Short Form Annual | Return/F Benefit | leport of Small Employ Plan | ee | OMB No\$, 1210-0110 1210-0089 | | | |
|---|-----|------------------------------------|---|---------------------------------------|--|----------------------|--|--|--|--|
| | | Department of Labor | Retirement Income Securit | ty Act of 1974 | (ERISA), and section 6058(a) of the | | | | | |
| Image: Part Light Approach Light State St | | | | | , , |)-SF. | | | | |
| A This returningport is for: grant summaport is for: | | | dentification Information | | | | | | | |
| B This return/report is for: If not return/report If not return/report If not return/report C Check box if fung under: If not named de man/report If not return/report If not return/report If not return/report Part HI Basic Plan Information If not return/report If not return/report If not return/report Part HI Basic Plan Information If not return/report If not return/report If not return/report 214 Has to plan If not return/report If not return/report If not return/report 214 Has sobes/th nome and address (employer, if for single-employer, plan) If not sobes/th nome and address (employer, if for single-employer, plan) If not nome on the plan If not sobes/the nome and address (employer, if nor single-employer, plan) 215 Plan sobes/th nome and address (f some as plan employer, employer, some') If not nome on the plan nome on the plan employer, employer, employer (for his plan, nome on the plan employer employer, employer) If address (f some as plan employer, employer) 216 Plan administrator's nome on address (f some as plan employer, employer, employer) If address (f some as plan employer, employer) 217 School (f some as plan employer, employer, employer) If address (f some as plan employer, employer) 218 Plan administrator's h | For | | | | | 1 | 2/30/2011 | | | |
| C Check text Himg under: en emedded return/report (less than 12 muntha) DFVC program Part III Basic Plan Information enter derains entomate derains Bhuponiten, Shah Nityriscian P. C. Decland Bennifit Vian 10 Threadiling film number 21 Han gonoofs nam and adtress (project, if for single-employer plan) 22 Engloyer basefeeding Number (EN) of 220204 22 Pinn sponsor's nam and adtress (project, if for single-employer plan) 23 Engloyer basefeeding Number (EN) of 220204 23 Noteshal Nityriscian P. C. Decland Bennifit Vian 22 Engloyer basefeeding Number (EN) of 2001/2768029 24 Pinn approxed nam, shah Priyriscian P. C. 24 Engloyer basefeeding Number (EN) of the plan genoser has charged since the last return/report filed for this plan, enter the risk of the plan genoser has charged since the last return/report filed for this plan, enter the risk of the plan genoser has charged since the last return/report filed for this plan, enter the risk of the plan soncer has charged since the last return/report filed for this plan, enter the risk of the plan soncer has charged since the last return/report filed for this plan, enter the risk of the plan soncer has charged since the last return/report filed for this plan, enter the risk of the plan soncer has charged since the last return/report filed for this plan, enter the risk of the plan soncer has charged since the last return/report filed for this plan, enter the risk of the plan soncer has charged since the last return/report filed for this plan, enter the risk of the plan soncer has charged since the return/repo | A | This return/report is for: | s single-employer plan | multiplé-er | nployer plan (not multiemployer) | | one-participant plan | | | |
| C Check box if fing under: Form 5558 intomatic extension DFVC program Part II Basic Plan Information | В | This return/report is for: | first return/report | final return | /report | | | | | |
| Pari-III Easic Plan Information | | | an amended return/report | short plan | year return/report (less than 12 months | ₽) | | | | |
| PartUL Basic Plan Information | C | Check box if filing under: | Form 5558 | automatic | extension | | DFVC program | | | |
| 12 Name of plan 1 Dimension 1 Bit Trans-digit plan number (PN) = 001 21 Plan sponsofts name and address (employer, if for single-employer plan) 1 C Finder data of the plan sponsofts name and address (employer, if for single-employer plan) 1 C Finder data of the plan sponsofts name and address (employer, if for single-employer plan) 20 Plan sponsofts name and address (employer, if for single-employer plan) 2 D Employer traditionation Number (EIN) 11-2768933 23 A read data plan sponsofts happinge number (S16) 455 - 6314 2 D Employer tradition Number (S16) 455 - 6314 24 Plan sponsofts happinge number (S16) 455 - 6314 2 D Employer tradition Number (S16) 455 - 6314 25 Plan sponsofts happinge number (S16) 455 - 6314 2 D Employer tradition Number (S16) 455 - 6314 26 Plan sponsofts happinge number (S16) 455 - 6314 2 D Employer tradition Number (S16) 455 - 6314 27 Plan sponsofts happinge number (S16) 455 - 6314 2 D Employer tradition Number (S16) 455 - 6314 28 Plan sponsofts happinge number (S16) 455 - 6314 2 D Employer (S16) 455 - 6314 29 Plan sponsofts happinge number (S16) 455 - 6314 1 5 20 Total number of participlants at resum/epont Spo | | | special extension (enter description | on) | | | | | | |
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| C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 6 Were all of the plans assets during the plan year invested in eligible assets? (See instructions.) 5c b Are you claiming a valver of the annual examination and report of an Independent qualified public accountant (ICPA) under 20 CFR 2620, 104-467 (See instructions on waiver eligibility and conditions.) 5c If you answared "Not to either 6a or 6b, the plan cannot use Form 5600-SF and must instead use Form 6500. Fear (b) End of Year 7 Plan Assets and Liabilities 7a 957, 998 1, 089, 509 b Total plan liabilities 7b 0 0 c Ontel plan assets (subtract line 7b from line 7a) 7c 857, 998 1, 089, 509 b Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total c Contributions received or receivable from: 8a(1) 225,000 (3) Others (including rollovers) 8a 6,511 8a c Total locane(add lines 8(1), 8a(2), 8a(3), and 8b) 8a 0 c Total including rollovers) 8a 0 231,511 c Total plan instructions (see instruc | | | | | ſ | | | | | |
| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ∑Yes □No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 GFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ∴ | | · · · | • | | r | | | | | |
| b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IGPA) under 29 CFR 2520.104-467 (Sea instructions on waiver eligibility and conditions.) If you answared "No" to either 6a or 6b, the plen cannot use Form 6500-SF and must instead use Form 6500. Park.III: Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan labilities c 7a 857,998 1,089,509 b Total plan labilities c 7b 0 c 857,998 1,089,509 b Total plan assets (subtract line 7b from line 7a) 7c 857,998 1,089,509 8 thcome, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(2) 0 0 (2) Participants 8a(3) 0 8a(3) 0 b 0 8a(3) 0 0 0 0 (3) Other income (loss) 8a(3) 0 0 0 0 0 b enefits plat (including direct rollovers and | | | | | | | | | | |
| under 29 CFR 2520, 104-46? (Sea instructions on waiver eligibility and conditions.) | | | | | | ÷ • | X Yes No | | | |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5600-SF and must instead use Form 5600. Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7a 857,998 1,089,509 b Total plan labilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 857,998 1,089,509 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(2) 0 (1) Employers 8a(2) 0 3a(3) 0 (2) Participants 8a(2) 0 3a(3) 0 (3) Others (including rollovers) 8a(3) 0 3a(3) 0 (4) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8a(3) 0 3a(3) 0 (5) Other expenses Sc 3a(3) 0 3a(3) 0 (1) Employers Sc 3a(3) 0 3a(3) 0 (2) Participants | μ | | | | | | X Yes No | | | |
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| (3) Others (including rollovers). | | · · · · | | | | | | | | |
| b Other income (loss) | | | | | ************************************** | - 1. j. s.s Gradu | | | | |
| C Total Income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 231, 511 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 | b | 1.7 | | | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Totel expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 | | | (2) 8p(3) and 8h) | · · · · · · · · · · · · · · · · · · · | | | | | | |
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| g Other expenses , , , , , , , , , , , , , , , , , , | ¢ | Certain deemed and/or correctiv | e distributions (see instructions) | | 0 | | | | | |
| h Totel expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers | (salaries, fees, commissions) 🔒 🔒 | - 8f | Q | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 9 | Other expenses | | • 8 <u>g</u> | | 04628 03015 | | | | |
| Net income (loss) (subtract line 8h from line 8c) | h | Total expenses (add lines 8d, 8e | , 8f, and 8g) | 8h | | <u>.</u> | | | | |
| | i | Net income (loss) (subtract line a | 3h from line 8c) | • 81 | | | | | | |
| j Transfers to (from) the plan (see instructions) | 1 | | | | | | | | | |

the instructions for Form 5500-SF. n act No Cont npers, s 1016, I - H. OFIN

Form 5500 SF (2010) V.092308.1

Form 5500-SF 2010

Page 2-

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: | , | Yeş | No | | Amount | ····· | |
| а | Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | x | | | | |
| b | | 105 | | x | | | | |
| ~ | | 100 | | x | | | | |
| c d | Was the plan covered by a fidelity bond? | 100 | <u> </u> | | | | ,, | |
| u | or dishonesty? | 10d | | x | | ······································ | ···· | |
| e | Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services 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 | | x | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | х | | | | |
| ĥ | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.) | 10h | | x | | | | |
| j | If 10h was answered "Yes," check the box if you either provided the required notice or one of the axceptions to providing the notice applied under 29 CFR 2520.101-3 | 1Qi | | | | noi?-za, stra - Nestijo - Stra | | |
| | VI Pension Funding Compliance | | | | | | , | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete | | | | | XYes | []No | |
| 12 | | | | | | | | |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver | , and h | enter | the da Day | ite of the let | ter ruling Year | | |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | y | | | |
| b | Enter the minimum required contribution for this plan year | | · | 126 | | | | |
| c d | Enter the amount contributed by the employer to the plan for this plan year | | | 12¢ 12d | | and a second | | |
| e | 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? | | | | <u> </u> | . Yes | X No | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under | | | | | | | |
| | of the PBGC? | • • | | ••• | · • • | . 🗌 Yes | X No | |
| 1 | 3c(1) Name of plan(s); | | 13 | c(2) E | IN(s) | 13c(3) | PN(s) | |
| ······ | | | | v() ~ | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Cautic | m: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau | se is a | estah | lishari | | | | |
| Under SB or S | penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retum/rep Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retum/report, it is true, correct, and complete. | ort, in | cludin | ig, if ap | plicable, a | Şçhedulə dge and | | |
| 5173 | 2h Det of the 3.2612 Bhupendra N. | ទាំង | h | | | | | |

| SIGN | shipes I dh | 3.2012 | Bhupendra N. Shah |
|------|------------------------------------|---------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Bt- t- bhe | 3-26-12 | Bhupendra N. Shah |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | | | | | OMB No. 1210-0110 | |
|---|--|---|--------------------|----------------------|---------|-------------------|-------------------------|
| Department of the Treasury Internal Revenue Service | | This schedule is required to be filed under section 104 of the Employee | | | | | |
| Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Internal Revenue Code (| 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. | | | | | |
| For calendar plan year 2010 or fiscal plan y | | | and er | | 12/20 |)/2011 | |
| Round off amounts to nearest dollar. | | | | <u>uing</u> . | 12/30 | /2011 | |
| | sessed for late filing of this report unless rea | sonable ca | use is est | ablished | | | |
| A Name of plan | | | | B Three- | diait | r | |
| | an P.C. Defined Benefit Plan | | | plan nu | | (PN) 🕨 | 001 |
| C Plan sponsor's name as shown on line 2 | a of Form 5500 or 5500-EZ | | | D Employ | vor Ido | ntificatio | n Number (EIN) |
| Bhupendra N. Shah Physi | | | | 11-27 | | | |
| E Type of plan: X Single | Iltiple-A 🔲 Multiple-B 🛛 🖡 Prior y | ear plan si | 70' X 100 |) or fowor | 10 | 1-500 | More than 500 |
| Part I Basic Information | and the second state of th | cai pian Si | <u>ko. 1911</u> 00 | | | 1-000 | |
| 1 Enter the valuation date: | | Year | 2010 | | | | |
| | | | | | | 1 | |
| 2 Assets: | | | | | | | |
| a Market value | | | | | 2a | | 857,011 |
| b Actuarial value | <u></u> | | <u></u> | <u></u> | 2b | | 857,011 |
| 3 Funding target/participant count break | down | , | (1) Nun | nber of partici | pants | (| 2) Funding Target |
| a For retired participants and benefic | ciaries receiving payment | 3a | | 0 | | | 0 |
| b For terminated vested participants | | 3b | | 0 | | | 0 |
| C For active participants: | | | | | | | |
| (1) Non-vested benefits | | 3c(1) | | | | | 0 |
| ., | | <u>3c(2)</u> | - | | | <u> </u> | 1,016,186 |
| | • | 3c(3) | | 1 | | <u> </u> | 1,016,186 |
| - | | 3d | .L | 1 | | | 1,016,186 |
| 4 If the plan is at-risk, check the box and a Funding target disregarding prescr | - | | ••[] | | 4a | | |
| | sumptions, but disregarding transition rule for | | | | ти | | |
| | live years and disregarding loading factor | | | | 4b | | |
| | | | ~ | | 5 | | 4.90 |
| | | | | | 6 | | 0 |
| Statement by Enrolled Actuary To the best of my knowledge, the information supplied in | n this schedule and accompanying schedules, statements and attach pion, each other assumption is reasonable (taking into account the e | ments, if any, is | complete and a | ccurate. Each presri | | | |
| SIGN HERE | a | | | | 03/: | 19/201 | 2 |
| | nature of actuary | | | | | Date | |
| Theodore Andersen, M.A.A | | | | | | -02034 | |
| | r print name of actuary | | | | | | nt number |
| Pension Associates | P*1 | | | | | -0306 | |
| 2001 West Main St. Ste 2 | Firm name 30 | | | Telephone nı | INDEL | lincingin | g area code) |
| US Stamford | СТ 06902 | | | | | | |
| Ad | dress of the firm | | | | | | · |
| f the actuary has not fully reflected any regu nstructions | lation or ruling promulgated under the statut | e in comple | eting this s | chedule, che | ck the | box and | l see |
| or Paperwork Reduction Act Notice and OMB C | Control Numbers, see the instructions for Form | 5500 or 550 | 0-SF. | | | Sche | dule SB (Form 5500) 201 |

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Schedule SB (Form 5500) 2010

Page 2

| Part II Beginn | ning of year carryover a | nd prefunding balances | | | | | - |
|--------------------------|--|---|--------------------------|--|---------------------------------------|---------------------------------|--|
| | | | (a) | Carryover balance | (b) Pref | unding b | palance |
| 7 Balance at be | ginning of prior year after a | pplicable adjustments (item 13 from | prior | | | - | |
| year) | | | | 0 | | | 123,844 |
| | | requirement (item 35 from prior yea | | 0 | | | 0 |
| 9 Amount remai | ining (item 7 minus item 8) | | | 0 | | | 123,844 |
| | m 9 using prior year's actua | | | 0 | | | 10,638 |
| 11 Prior year's ex | cess contributions to be ad | lded to prefunding balance: | | | | | |
| a Excess cor | ntributions (item 38 from pri | or year) | · · · · · . | | | | 117,772 |
| b Interest on | (a) using prior year's effect | ive rate of <u>5.30</u> % | · • • • • | | | | 6,242 |
| c Total availa | able at beginning of current | plan year to add to prefunding bala | nce | | | | 124,014 |
| d Portion of i | tem (c) to be added to prefu | unding balance | . | | | | 124,014 |
| 12 Reduction in t | alances due to elections or | deemed elections | | 0 | | | 214,434 |
| 13 Balance at be | ginning of current year (iten | n 9 + item 10 + item 11d - item 12). | | 0 | | | 44,062 |
| Part III Fund | ling percentages | | | | | | |
| 14 Funding targe | t attainment percentage | | | <u> </u> | <u></u> | 14 | 80.00 % |
| | * * · | ntage | | | | 15 | 80.00 % |
| | | ses of determining whether carryov | | | | 16 | 82.78 % |
| | | | | | | 17 | <u>82.78 %</u> % |
| 1 | ributions and liquidity | | ung larget, enter st | uch percentage | • • • • • | 17 | /0 |
| | | e plan year by employer(s) and emp | lovees. | | | | |
| | | | | (1.) A | 1 | (| |
| (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) | | (c) Amount paid by employees | |
| 12/21/2011 | 100,0 | | 02/17/2012 | · · · · · · · · · · · · · · · · · · · | ,000 | | |
| 12/21/2011 | 100,0 | | 02/1//2012 | 120 | ,000 | | |
| | | | | ······································ | | | |
| | | | | | | | ······· |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | ······································ |
| | | | Totals ► 18(b) | 225 | ,000 18(c |) | C |
| 19 Discounted en | nployer contributions see | instructions for small plan with a va | | ne beginning of the year: | · · · · · · · · · · · · · · · · · · · | <i>4</i> . | |
| a Contributio | ns allocated toward unpaid | minimum required contribution from | prior years | [| 19a | | 0 |
| b Contributio | ns made to avoid restrictior | ns adjusted to valuation date | | | 19b | | 0 |
| | | uired contribution for current year adjuste | ed to valuation date | | 19c | | 213,870 |
| | ributions and liquidity short | | | | | | |
| | n have a "funding shortfall" | | | | | Yes | XNo |
| | v | installments for the current year ma | | ner? | | Yes | No |
| | | omplete the following table as applic | - | | | | |
| | , | Liquidity shortfall as of e | | s plan year | | | |
| | (1) 1st | (2) 2nd | (3) 3rd | | (4) | 4th | |
| | | | | | | | |
| | | | | | | | |

Schedule SB (Form 5500) 2010

| Page 3 |
|---------------|
|---------------|

| Part V Assumpt | tions used to determine f | 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 | | |
| | 3.14 % | 5.90 % | 6.45 % | | , | | |
| | | <u></u> | | 21b | 0 | | |
| 22 Weighted average | e retirement age | <u></u> | • • • • <u> • • • • • • • • •</u> • | 22 | 65 | | |
| 23 Mortality table(s) | (see instructions) X F | Prescribed combined | Prescribed separate | | Substitute | | |
| Part VI Miscella | ineous items | | | | | | |
| 24 Has a change bee attachment | | d actuarial assumptions for the cu | | | | | |
| 25 Has a method cha | | nt plan year? If "Yes," see instruct | | | | | |
| | | ctive Participants? If "Yes," see in | | | | | |
| | | e funding rules, enter applicable of | | | | | |
| regarding attachm | | | | 27 | | | |
| Part VII Reconci | liation of unpaid minimu | m required contributions for | prior years | | | | |
| 28 Unpaid minimum | required contribution for all pr | ior years | | 28 | 0 | | |
| 29 Discounted emplo | over contributions allocated to | ward unpaid minimum required co | ontributions from prior years | | | | |
| (item 19a) | | | | 29 | 0 | | |
| | | d contributions (item 28 minus iten | | 30 | 0 | | |
| Part VIII Minimur | n required contribution for | or current year | | · | | | |
| 31 Target normal cos | st, adjusted, if applicable (see | instructions) | | 31 | 0 | | |
| 32 Amortization insta | Illments: | | Outstanding Balance | | Installment | | |
| a Net shortfall amor | tization installment | | 203,3 | 237 | 26,375 | | |
| b Waiver amortizati | on installment | <u> </u> | | 0 | ************************************** | | |
| | | r, enter the date of the ruling lette | r granting the approval | | | | |
| (Month | Day Yea | - | | 33 | 0 | | |
| 34 Total funding requ | irement before reflecting carr | vover/prefunding balances | | | | | |
| (item 31 + item 32 | a + item 32b - item 33). | <u> </u> | | 34 | 26,375 | | |
| | | Carryover balance | Prefunding Balance | | Total balance | | |
| 35 Balances used to | offset funding requirement | 0 | | 0 | 0 | | |
| 36 Additional cash re | quirement (item 34 minus iter | m 35) | | 36 | 26,375 | | |
| | | ed contribution for current year ad | | | | | |
| | | | | 37 | 213,870 | | |
| | | nt year (see instructions) | | 38 | | | |
| | | nt year (excess, if any, of item 36 | | 39 | | | |
| | · · · · · · · · · · · · · · · · · · · | ars | | 40 | | | |

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

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

For the plan year 12/31/2010 through 12/30/2011

| Employer: | Bhupendra Shah Physician PC | | | | | |
|--|---|--|--|--|--|--|
| Type of Entity - | S-Corporation EIN: 11-2769838 TIN: 20-1961663 Plan #: 001 | | | | | |
| <u>Dates:</u> | Effective - 1/1/2004 Year end - 12/30/2011 Valuation - 12/31/2010 Top Heavy Years - 2009, 2010 | | | | | |
| Eligibility: | All employees excluding non-resident aliens, members of an excluded class and union | | | | | |
| | Minimum age - 21 Months of service - 12 | | | | | |
| Hours Required for - | Eligibility - 1000 Benefit accrual - 500 Vesting - 1000 | | | | | |
| Plan Entry - | - First day of 1st or 7th month of plan year on or next following eligibility satisfaction | | | | | |
| | Attainment of age 65 and completion of 10 years of participation 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) | | | | | |
| Assessed Description | | | | | | |
| Accrued Benefit - | Unit credit based on service Minimum Benefit - None | | | | | |
| | Maximum Benefit - None | | | | | |
| | Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum | | | | | |
| Death Benefit - | Present Value of Accrued Benefit | | | | | |
| Top Heavy Minimum: | 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 | | | | | |
| <u>Normal Form:</u> | 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 12/31/2010 through 12/30/2011

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 | 2.67 |
| | Segment 2 | 6 - 20 | 4.62 |
| | Segment 3 | > 20 | 5.59 |

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

Actuarial Equivalence:

| Pre-Retirement - | Interest - | 5% |
|-------------------|-------------------|---|
| | Mortality Table - | None |
| Post-Retirement - | Interest - | 5% |
| | Mortality Table - | 10C - 2010 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 12/31/2010 through 12/30/2011

| Valuation Date: | 12/31/2010 | | | | | | | |
|---------------------------------|---|--|--|--|--|--|--|--|
| Funding Method: | As prescribed in IR | s prescribed in IRC Section 430 | | | | | | |
| Age | - Eligibility age at last | igibility age at last birthday and other ages at last birthday | | | | | | |
| | New participants ar | e included in current year's valuation | | | | | | |
| Retrospective Compensation | - | - | | | | | | |
| Form of Payment | the greater of the pr Applicable Mortality equivalence discour exceed 415 maximu | ssumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is e greater of the present value of accrued benefit computed using funding segment rates and 417(e) oplicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial quivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not ceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and e Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) inimum | | | | | | |
| Interest Rates | - Segment rates for t permitted under IRC | he Valuation Date as C 430(h)(2)(C) | | | | | | |
| | Segment # | Year Rate % | | | | | | |
| | Segment 1 | 0 - 5 3.14 | | | | | | |
| | Segment 2 | 6 - 20 5.90 | | | | | | |
| | Segment 3 | > 20 6.45 | | | | | | |
| Pre-Retirement - | Mortality Table - | None | | | | | | |
| | Turnover/Disability | | | | | | | |
| | Salary Scale - | None | | | | | | |
| | Expense Load - | None | | | | | | |
| | Ancillary Ben Load | - None | | | | | | |
| Post-Retirement - | Mortality Table - | 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A) | | | | | | |
| | Cost of Living - | None | | | | | | |
| | Lump Sum - | ump Sum - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A) at 5% | | | | | | |
| | | 10E - 2010 Applicable Mortality Table for 417(e) (unisex) | | | | | | |
| Asset Valuation Method: | Fair market value o | f assets adjusted for contributions under IRC 430(g)(4) | | | | | | |
| Discrimination Test Assumption | <u>ns:</u> | | | | | | | |
| HCE Determination - | Based on all employ | yees | | | | | | |
| Otherwise Excludable - | Otherwise Excludat | le HCEs are included with the Not Otherwise Excludable employees | | | | | | |
| 410(b)/401(a)(4) Testing: | | | | | | | | |
| Pre-Retirement - | Interest - | 8% | | | | | | |
| Post-Retirement - | Interest - | 8% | | | | | | |
| | Mortality Table - | U84 - 1984 Unisex | | | | | | |
| Permissively Aggregated Plans - | Tested as a Single | Plan | | | | | | |
| Compensation - | Use current comper | nsation to calculate the benefit accrual rate (annual method) | | | | | | |
| Testing Age - | Normal retirement a | ige or attained age, if older | | | | | | |
| Normal Form for MVAR - | Joint with 50% Surv | ivor Benefits | | | | | | |
| | | | | | | | | |

Schedule SB, line 19 -

Discounted Employer Contributions

Bhupendra Shah Physician PC Defined Benefit Plan

11-2769838 / 001

For the plan year 12/31/2010 through 12/30/2011

Valuation Date: 12/31/2010

| | Date | Amount | Adjusted Contribution | Adjusted Prior Year Contribution | Adjusted Quarterly | Effective Rate | Penalty Rate |
|------------------------------------|------------|-----------|--------------------------|--|-----------------------|-------------------|-----------------|
| Deposited Contribution | 12/21/2011 | \$100,000 | | | | | |
| Applied to Additional Contribution | 12/31/2010 | 72,369 | 69,079 | 0 | 0 | 4.9 | 0 |
| Applied to MRC | 12/31/2010 | 27,631 | 26,375 | 0 | 0 | 4.9 | 0 |
| Deposited Contribution | 2/17/2012 | \$125,000 | | | | | |
| Applied to Additional Contribution | 12/31/2010 | 125,000 | 118,416 | 0 | 0 | 4.9 | 0 |
| Totals for Deposited Contribution | | \$225,000 | \$213,870 | \$0 | \$0 | | |

1727

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

Bhupendra Shah Physician PC Defined Benefit Plan

11-2769838 / 001

For the plan year 12/31/2010 through 12/30/2011

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 32 -Schedule of Amortization Bases

Bhupendra Shah Physician PC Defined Benefit Plan

11-2769838 / 001

For the plan year 12/31/2010 through 12/30/2011

| | Date Base Established | Original Base Amount | Type of Base | Present Value of Remaining Installments | Years Remaining Amortization Period | Amortization Installment |
|---------|--------------------------|-------------------------|--------------|--|--|-----------------------------|
| | 12/31/2010 | 162,590 | Shortfall | 162,590 | 7 | 26,375 |
| Totals: | | | | \$162,590 | | \$26,375 |