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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

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

Pa	art I	Annual Repo	rt Ider	ntification	Informat	tion						
For	calendar	plan year 2011 or	r fiscal p	lan year beg	ginning 0	1/01/201	1	and ending	12/	31/2	011	
Α	This returi	n/report is for:	X	a single-emp	oloyer plan		a multiple	-employer plan (not multiempl	oyer)		a one-participant plan	
В	This returi	n/report is:	Πt	he first retur	n/report		the final re	eturn/report				
				an amended	return/repor	rt	a short pla	n year return/report (less thar	12 mon	ths)		
С	Check box	x if filing under:	ΧI	Form 5558		Ħ	automatic	extension			DFVC program	
	0.10011.20	x ii iiiiig ariaaii	Ħ,	special exter	nsion (enter	ت descriptio	on)			ļ		
Pa	art II	Basic Plan In		•	•							_
	Name of		1011114	tion onto	r an request		ation			1b	Three-digit	_
		ORE PHYSICIAN I	PC DEF	INED BENE	FIT PLAN						plan number	
											(PN) ▶ 001	
										1c	Effective date of plan	
22	Dianana	maar'a nama and	0 4 4 4 0 0 0	ı ingluda rac	m or ouito n		malayar if	for a single ampleyor plan)		2 h	01/01/2010	
GOP	AL KISHO	ORE PHYSICIAN	PC	, include foc	on on suite n	umber (e	mpioyer, ii	for a single-employer plan)			Employer Identification Number (EIN) 26-2102389	
									<u> </u>		Sponsor's telephone number	_
0 F∩	RDHAM [DRIVE									516-513-1480	
	NVIEW, N								1	2d	Business code (see instructions)	
											621111	
3a	Plan adm	ninistrator's name	and add	dress (if sam		onsor, e		")	;	3b	Administrator's EIN 26-2102389	
JUP	AL KISHU	DRE PHI SICIAIN I	FC				NY 11803		H	3c	Administrator's telephone number	_
									,		516-513-1480	
4							ast return/r	eport filed for this plan, enter	the	4b	EIN	
_		EIN, and the plan r	number	from the last	t return/repo	rt.				4c	DN	
	Sponsor's name Total number of participants at the beginning of the plan year									PN T	2	
_		· ·		0 0					F.	<u>5a</u>		2
								Infined benefit place do not	······ <u> </u>	5b		_
C								defined benefit plans do not		5c		
6a	Were al	Il of the plan's ass	ets duri	ng the plan	year invested	d in eligib	le assets?	(See instructions.)			X Yes N	0
b								dent qualified public accounta				
								ons.)			X Yes N	Э
Pa		Financial Info			e pian cann	ot use r	01111 3300-	SF and must instead use Fo	1111 3300	· <u> </u>		_
7		sets and Liabilities		<u> </u>				(a) Beginning of Yea	or .		(b) End of Year	
-		an assets					. 7a	1200			135000	
	•	an liabilities							0		0	
C		assets (subtract l						1200	000		135000	_
8		Expenses, and T						(a) Amount			(b) Total	_
а		itions received or						`,			(4) 1014	
	(1) Emp	oloyers					. 8a(1)	150	000			
	(2) Part	ticipants					. 8a(2)		0			
	(3) Othe	ers (including rollo	overs)				. 8a(3)		0			
b	Other inc	come (loss)					. 8b		0			
C		come (add lines 8a			•		. 8c				15000	_
d		paid (including di de benefits)			•		. 8d		0			
е	•	deemed and/or co					. 8e		0			
f		trative service pro			`	,			0			
g		penses	,	·	·	,			0			
h		penses (add lines									0	
i		me (loss) (subtrac									15000	
		rs to (from) the pla			•				0			
J				,								

Form 5500-SF 2011	

Page	2	-	,		
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		•	
Part IV	Plan	Charact	tarietice

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

Part	٧	Compliance Questions							
10	Durir	ng the plan year:		Yes	No		An	nount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						X Yes	No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA	?	Yes	X No
	Îf a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monormpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
		r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
d	Subti	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	_	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	s	No	N/A
art		Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?			,	Yes	No		
		es," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?		the co	ntrol			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to				_	
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned with the completed and signed by an enrolled actuary, as well as the electronic version of this returned.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/20/2012	GOPAL KISHORE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/20/2012	GOPAL KISHORE
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

2011

This Form is Open to Public Inspection

							rile	as an attacr	nmer	nt to Form	oouu or	ეესს-	Sr.							
For	cale	ndar	plan ye	ar 2011	or fiscal plar	n year be	ginning	01/01/201	1				and end	ding	12/31/2	2011				
•	Rour	nd of	f amou	nts to n	earest dolla	ar.														
•	Caut	ion:	A penal	Ity of \$1	,000 will be a	assessed	l for late filir	ng of this rep	ort u	nless reaso	nable c	ause is	s establis	hed.						
A I	Name PAL	of pl	an ORE P	HYSICI	AN PC DEFI	NED BEI	NEFIT PLA	N				В	Three-d	J	(PN)	•		00	01	
															<u>, , </u>					
C	Plan s	spons	or's na	me as s	hown on line	2a of Fo	orm 5500 oi	r 5500-SF				D	Employe	r Iden	tification	Numl	ber (E	IN)		
GO	PALI	KISH	ORE PI	HYSICIA	AN PC							26	-2102389)						
E 1	уре с	of plar	n: X S	Single	Multiple-	А М	ultiple-B		F P	rior year pla	n size:	X 100	or fewer		101-500	М	ore th	an 500		
P	art I	F	Rasic	Inform	nation															
1				tion date		Month	01	Day01	1	Year _2	2011									
2			valual	iioii date	·	WOTHT		_ Day		16a1_										
2		sets:	ادمه بیمار												2a					114712
	a													_	2b					114712
	b								•••••										_	114712
3	Fur	·		•	ant count bre				Г		(1) N	Numbe	r of partic	cipant			(2) F	unding	Target	
	а						ŭ	payment	F	3a					0					0
	b					ints				3b					0					0
	С	For	active	participa	ants:				Г											05000
		(1)	Non-	vested b	enefits					3c(1)										65800
		(2)	Veste	ed benef	its					3c(2)										0
		(3)	Total	active						3c(3)					2					65800
	d	Tot	al							3d					2					65800
4	If th	ne pla	n is in a	at-risk st	tatus, check	the box a	and comple	te lines (a) a	and (b	o)		[]								
	а	Fun	ding ta	rget disr	egarding pre	scribed	at-risk assu	ımptions							4a					
	b							isregarding t and disregal							4b					
5	Effe						•								5					5.82 %
6	Tar	aet n	ormal c	ost											6					62314
Sta				ed Actu										I						
	accord	ance w	ith applica	able law ar		my opinion	, each other as	accompanying scl ssumption is reas												
	SIGN IERI															09/	14/20	12		
					Sig	nature of	factuary					_				Da	ate			
THE	ODO	RE A	NDER	SEN, M.	A.A.A., MSF	PA						_				11	-0203	34		
PEN	ISION	N ASS	SOCIAT	ΓES	Type or	print nar	ne of actua	iry						M	lost rece			nt numl -0306	oer	
	–					Firm na	ame					_	-	Teleph	none nui	mber (includ	ling are	a code))
			AIN ST CT 0690	. SUITE 02	: 230															
					A	ddress of	f the firm					_								
	actu uction		as not f	fully refle	ected any re	gulation o	or ruling pro	omulgated un	nder 1	the statute	n compl	leting t	his sched	dule, c	heck the	e box a	and s	е		

Page 2	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II	Begir	ning of year	carryove	er and prefunding ba	lances									
	•						(a) (Carryover balance)	(b)	Prefundii	ng balance			
7		Ū	0 , ,		cable adjustments (line 13	•			0			0			
8			•	•	unding requirement (line 35				0			0			
9	Amount	t remainii	ng (line 7 minus lir	ne 8)					0			0			
10	Interest	on line 9	ousing prior year's	s actual ret	urn of%				0			0			
11	Prior ye	ar's exce	ess contributions t	o be added	I to prefunding balance:										
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)							0			
					rate of% exce							0			
	C Tota	ıl availabl	e at beginning of co	urrent plan y	ear to add to prefunding bal	ance				0					
	d Port	tion of (c)	to be added to p	efunding b	alance							0			
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0			
13	Balance	at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12	2)			0			0			
P	art III	Fun	ding percenta	ages											
14	Funding	g target a	attainment percent	age							14	174.33 %			
15	Adjuste	d fundin	g target attainmen	t percentag	je						15	174.33 %			
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											16	80.00 %			
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of th	ne funding ta	arget, enter s	such percentage			17	%			
P	art IV	Con	tributions and	d liquidi	ty shortfalls										
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:									
(N	(a) Dat IM-DD-Y		(b) Amount page employer		(c) Amount paid by employees		Date D-YYYY)	(b) Amount p employer		(c) Amount paid by employees					
09	/13/2012			15000	0										
				•		Totals >	18(b)		15000	18(c)		0			
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with	a valuation	date after th	ne beginning of th	e year:						
	a Conti	ributions	allocated toward	unpaid min	imum required contribution	s from prior	years		19a			0			
	b Conti	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0			
	C Contr	ributions a	allocated toward mi	nimum requ	uired contribution for current	year adjuste	d to valuation	n date	19c			13625			
20	Quarter	ly contrib	outions and liquidit	y shortfalls	::										
	a Did th	he plan h	nave a "funding sh	ortfall" for t	he prior year?							Yes X No			
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current ye	ar made in	a timely man	ner?				Yes No			
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as a	pplicable:					_	_			
					Liquidity shortfall as of	end of quart		-							
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1			

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	rget ı	normal cost							
21	Disco	ount rate:												
	a s	egment rates:	1st segment: 2.94%		2nd segment: 5.82%		3rd segment: 6.46 %			N/A, fu	ll yield	curve	e used	
	b A	pplicable month	(enter code)					21	b				0	
22								2	2				62	
23		ality table(s) (see			escribed - combined		scribed - separate		bstitut	e				
					_									
	rt VI	Miscellane												
24					tuarial assumptions for the c							Yes	X No	
25	Has a	a method change	e been made for the cur	rent pl	an year? If "Yes," see instru	ıctions	regarding required attac	hmen	t			Yes	X No	
26	Is the	e plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	instruc	tions regarding required	attach	ment.			Yes	X No	
27		·	,		nding rules, enter applicable			2	7					
Pa	rt VII	Reconcilia	ation of unpaid mi	inimu	ım required contribut	ions	for prior years	1						
28	Unpa	aid minimum requ	uired contributions for al	I prior	years			2	28					
29					d unpaid minimum required o		, ,	2	9				0	
30	Rema	aining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus line	e 29)		3	0				0	
Pa	rt VIII	I Minimum	required contribu	tion 1	for current year									
31	1 Target normal cost and excess assets (see instructions):													
	a Target normal cost (line 6)													
	b Excess assets, if applicable, but not greater than 31a									48912				
32	Amor	rtization installme	ents:				Outstanding Bala	nce		I	nstallm	ent		
	a Ne	et shortfall amorti	ization installment						0				0	
	b w	aiver amortizatio	on installment						0				0	
33					ter the date of the ruling letto	-	•	3	3				0	
34	Total	fundina requiren	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	3.	4	 I				
		3 - 4	3	,	Carryover balance		Prefunding balar	l		To	tal bala	ance		
25	Dolor	and alooted for	use to offset funding				i verening veren							
33						0			0				0	
36	Addit	ional cash requir	rement (line 34 minus lir	ne 35)				3	6				13402	
37	Conti	ributions allocate	ed toward minimum requ	uired co	ontribution for current year a	djuste	d to valuation date	3					13625	
38		,	ess contributions for curr											
					ar (see instructions)			38	la l				223	
					prefunding and funding star			38					0	
39					ear (excess, if any, of line 36			3					0	
40					S		·	4						
	rt IX				ension Relief Act of 20			1 7	<u> </u>					
41					ursuant to an alternative amo				П	2 plus 7 yea	rs 「	15 \	years	
								Г	2008		2010		2011	
42			-		41a was made					, N ₅₀₀₈	2010	Ш	2011	
								4:						
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			4:	5					

Form 5500-SF

Department of the Treasury Internet 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection ► Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I Annual Report	l Identification Information				•						
For	the calendar plan year 2011 or	fiscal plan year beginning	0	1/01/2011	and ending	12,	/31/2011					
Α	This return/report is for:	x a single-employer plan	amu	ltiple-employer plan (not multlemployer)		a one-participant plan					
В	This return/report is:	the first return/report	the fi	nal return/report			•					
	·	an amended return/report	∏ a sho	ort plan vear return/re	port (less than 12 mon	hs)						
C	Check box if filling under:	x Form 5558	H	natic extension	,	,	DFVC program					
Ŭ	Ollock box it filling ditider.	special extension (enter descrip	LI	natio oxtoriojoti		L_	1 Di vo piogram					
		<u> </u>										
	art II Basic Plan Info Name of plan	ormation enter all requested i	<u>nformatior</u>)		4h 7	2 15.16 T					
ıa	мате от ріап						hree-digit Ian number					
	Gopal Kishore Physic	cian PC Defined Benefit P	lan		,		>N) ► 001					
							iffective date of plan					
2a	Plan enoneor's name and add	Iress; include room or suite number (employer	if for single-employer	nlen)							
	Gopal Kishore Physic		ompio, oi,	ii ioi ulligio ullipiojoi	bián	2b Employer Identification Number (EIN) 26-2102389						
					·		lan sponsor's telephone number					
	9 Fordham Drive						516) 513-1480					
	5 FOLGHAM DIIVE					2d B	usiness code (see instructions)					
ប្រន		NY 11803				6	21111					
3a	Plan administrator's name and	d address (If same as plan sponsor, e	enter "San	ie")		3b A	dministrator's EIN					
	Salle											
						3c A	dministrator's telephone number					
	ł											
4	If the name and/or EIN of the	plan sponsor has changed since the	last return	/report filed for this p	lan, enter the	4b E	IN					
9	name, EIN, and the plan num Sponsor's Name	ber from the last return/report.		4c P	N							
5a		at the beginning of the plan year • •				5a	2					
b	and the state of the state of	it the end of the plan year			r	5b	2					
C	Number of participants with a	count balances as of the end of the	plan year (defined benefit plans	do not	5с						
6a		luring the plan year invested in eligibl					· · · · XYes \(\text{No} \)					
b		he annual examination and report of										
		(See instructions on walver eligibility of ner 6a or 6b, the plan cannot use Fo				• •	Yes No					
D.	irt III Financial Infor		01111 9900-	or and must instea	d dea Form bood.							
7	Plan Assets and Liabilities	mation		(a) Be	ginning of Year	T	(b) End of Year					
' a	Total plan assets		2033000252	a (u) Do	120,000	 	135,000					
h	Total plan liabilities		<u> </u>	b	0		133,000					
C	Net plan assets (subtract line	7b from line 7a)		c	120,000	1	135,000					
8	Income, Expenses, and Trans		ALL COLOR		a) Amount	1	(b) Total					
а	Contributions received or rece				· · · · · · · · · · · · · · · · · · ·							
	(1) Employers		8a		15,000	-						
	(2) Participants		8a		0	-						
L	(3) Others (including rollovers	•	8a		0	-						
b	Other income (loss)			b	U		45.000					
c d	Total income (add lines 8a(1), Benefits paid (including direct	8a(2), 8a(3), and 8b) rollovers and insurance premiums	· - - 8	C			15,000					
u		· · · · · · · · · · · · · ·	8	d	0							
е	Certain deemed and/or correct	ctive distributions (see instructions)	8	e	0							
f	Administrative service provide	ors (salaries, fees, commissions) .	8	f	0							
g	Other expenses		8	g	. 0							
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8	h			. 0					
i	Net income (loss) (subtract lin	e 8h from line 8c)	8	ı		I	15,000					
i	Transfers to (from) the plan (s	as instructions)	8	. 1	0	11000	The state of the s					

	Form 5500-\$F 2011	F	ege 2-					
	Plan Characteristics							
PERSONAL TANK	the plan provides pension benefits, enter the applicable pension featu	re codes from the List	of Plan Characteri	stio Cod	es in the in	structions:	***************************************	**************************************
_	ia							
b i	the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characteria	tic Code	s in the ins	tructions:		
	V Compliance Questions			·	····			
10	During the plan year:			ī	res No		Amount	
a	Was there a failure to transmit to the plan any participant contribution.	s within the time perio	d describéd in		x		***************************************	
	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiducian			10a			BALLING A SERVICE SERVICES	
Ü	Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)			106	· x			
				100	ж		***************************************	
c d	Was the plan covered by a fidelity bond?		used by fraud	-		 		
•••	or dishonesty?	* * * * * * * *	* * * * * * *	104	×			
ė	Were any fees or commisions paid to any brokers, agents, or other pa	ersons by an Insuranc	e carrier,					
	insurance services or other organization that provides some or all of t		* -	10e	x			
f	instructions.)		. , ,		×	†	***************************************	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				10#		 	***************************************	/************************************
g	Did the plan have any participant loans? (If "Yes," enter amount as of	• • • •		109	<u>x</u> _	90000000000000000000000000000000000000	on a series	Selection of the select
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)		JrK	10h				
i	If 10h was answered "Yes," check the box if you either provided the re					•		
120	exceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance	L	A 4 B A 4 B	1101			12)	
11	Is this a defined banefit plan subject to minimum funding requirements	s? (If "Yes." see instr	ctions and complet	e Sched	lule SB (Fo	rm		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	\$500))		<u> </u>				X Yea	∐No_
12	Is this a defined contribution plan subject to the minimum funding requ		12 of the Code or s	ection 3	02 of ERIS	Α? ,	. Yes	X No
	(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 a granting the waiver	mortized in this plan y	ear, see instructior Mo	ıs, and e	nter the da	ite of the lei	ller ruling Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedula ME			****			1001	
b	Enter the minimum required contribution for this plan year	, ,			12b			
Ċ	Enter the amount contributed by the employer to the plan for this plan	year			126		•	
d	Subtract the amount in line 12o from the amount in line 12b. Enter the				12d			
	negative amount) Will the minimum funding amount reported on line 12d be met by the t				L	l Yes	/″Nο Γ	N/A
0	Plan Terminations and Transfers of Assets	nuaing aeaaline?				L		
13a						***************************************	Yes	TriNo
IVA	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan essets that reverted to the empl				, (<u>, , , , , , , , , , , , , , , , , , </u>		, L 1479	LAND TAX TAX
b	Were all the plan assets distributed to perticipants or beneficiaries, tra		an arbravaht unde		- 13a		Administration	,
N	of the PEGC?	* * * * * * * * * * * * * * * * * * *	an' oi biordiir miar	ar tries CO	• • • •		. TYes	X No
C	If during this plan year, any assets or liabilities were transferred from t	his plan to another pla	ın(s), identify the pl	an(s) to				
	which assets or liabilities were transferred. (See Instructions.)			T		***************************************		
	tc(1) Name of plan(s):		**************************************		13c(2) E	N(e)	13c(3) F	² N(8)
				ļ				
	, , , , , , , , , , , , , , , , , , , ,					**************************************	***************************************	

Cautlo	n: A penalty for the late or incomplete filing of this return/report w	ill be assessed unle	ss reasonable cat	iae la es	stablished	1	-117	,
	enalties of perjury and other penalties set forth in the instructions, I de							
	chedule MB completed and aigned by an enrolled actuary, as well as to true, correct, and complete.	lhe electronic version	of this return/report	, and to	the best of	my knowle	dge and	
		9/1alin -	Gopal Kishor	'A				,
	Signature of plan administrator	Date .	Enter name of ind		inninn se n	lan adminis	strator	
Harris and the		9/101.	Gopal Kishoz		THE BUILDING	was adding	· · · · · · · · · · · · · · · · · · ·	,
		1 1/1/1/1		***************************************				
	Signature of employer/plan sponsor	Date	Enter name of ind	IVICIDAL S	iidiiiud ae e	inployer or	bieu abouso	<u> </u>

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).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

	▶ File as an attachm	ent to Form	5500 or 5	5500-SF.	1			
For calendar plan year 2011 or fiscal	plan year beginning 01/01	/2011		and endin	g 1 2/	31/2011		
▶ Round off amounts to nearest de	ollar.							
► Caution: A penalty of \$1,000 will be	e assessed for late filing of this repor	t unless reas	onable ca	use is establishe	ed.			
A Name of plan				B Three-dig	it			
Gopal Kishore Physician Po	Defined Benefit Plan			plan numl	ber (PN)	>	001	
C Plan sponsor's name as shown on	line 2a of Form 5500 or 5500-SF			D Employer Ic	lentificati	on Number	(EIN)	
Gopal Kishore Physician PC	3			2	6-2102	389		
E Type of plan: X Single Multip	le-A Multiple-B	Prior year p	lan size:∑	【 100 or fewer [101-50	00 <u> </u>	e than 500	
Part I Basic Information								
1 Enter the valuation date:	Month 01 Day 01	Year_	2011					
2 Assets:			-					
a Market value	• • • • • • • • • • • • • • • • • • • •				2a		1:	14,712
b Actuarial value	• • • • • • • • • • • • • • • • • • • •				2b		1:	14,712
3 Funding target/participant count	breakdown		(1) N	umber of particip	ants	(2)	Funding Target	
	beneficiaries receiving payment	3a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0			0
b For terminated vested partic	cipants	3b			0			. 0
C For active participants:		L						
		3c(1)			Ì		(65,800
, ,	•••••		1					0
()					2			65,800
	•••••	<u> </u>			2		·	65,800
	eck the box and complete lines (a) and							
•	prescribed at-risk assumptions				4a			
	risk assumptions, but disregarding tra						·	
	five consecutive years and disregardi				4b			
5 Effective interest rate	• • • • • • • • • • • • • • • • • • • •				5		5.82	
6 Target normal cost					6			62,314
	supplied in this schedule and accompanying scheo is. In my opion, each other assumption is reasonal ated experience under the plan.							
SIGN HERE	JL a				(09/14/20	12	
	Signature of actuary					Date		
Theodore Anders	sen, M.A.A.A., MSPA				:	11-02034	i diamin	
Туре	or print name of actuary				Most re	cent enrolln	nent number	
Pension Associa	ites				(20	3) 356-0	0306	
	Firm name			Те	lephone	number (inc	luding area code)
2001 West Main	St. Suite 230							
US Stamford	CT 06902							
	Address of the firm							
If the actuary has not fully reflected any	regulation or ruling promulgated und	er the statute	e in compl	eting this schedu	ıle, check	the box an	d see	

Schedule SB (Form 5500) 2011	Page 2

Pai	rt II Beginning of year	carryover and prefunding bala	nces					
				(a) Carryover balance		(b) Prefundi	ng balance	_
7		ar after applicable adjustments (line 13 fro						
	year)	0			0			
8	and the state of t							^
	· · · · · · · · · · · · · · · · · · ·							
9		line 8)						
10		r's actual return of0_00%			0	.,		0
11		to be added to prefunding balance:						
	a Present value of excess contr		•••••					0
		ar's effective rate of 6.65 % excepuctions)					·	0
	c Total available at beginning or	f current plan year to add to prefunding ba	alance					0
	d Portion of (c) to be added to p	orefunding balance						0
12	Other reductions in balances due	e to elections or deemed elections			0			0
13	Balance at beginning of current y	year (line 9 + line 10 + line 11d - line 12) .			0			0
Pa	rt III Funding percent	tages						
14		ntage			•••••	14	174.33	%
15	Adjusted funding target attainme	ent percentage			• • • • • • • • • • • • • • • • • • • •	15	174.33	
	Prior year's funding percentage f	for purposes of determining whether carry	over/prefunding	balances may be used t	o reduce	16		
17		of the plan is less than 70 percent of the		·····	***********	17	80.00	% %
			tariang target, e	nter such percentage	**********	17	· · · · · · · · · · · · · · · · · · ·	
	adamana adamana s	nd liquidity shortfalls						
10	(a) Date (b) Amount p	or the plan year by employer(s) and emploped by (c) Amount paid by	(a) Date	(b) Amount p	aid by	(c) Amo	unt paid by	—
(MI)	M-DD-YYYY) employer		(MM-DD-YYY	Y) employer	(s)		oyees	
09/	13/2012	15,000						
								_
			Totals ► 18	(b)	15,000 1	8(c)		0
19	Discounted employer contribution	ns see instructions for small plan with a	valuation date a					
	a Contributions allocated toward	d unpaid minimum required contribution fr	om prior years		19a			0
	b Contributions made to avoid re	estrictions adjusted to valuation date			19b			0
	C Contributions allocated toward	d minimum required contribution for currer	nt year adjusted	to valuation date 1	l9c		13,	625
20	Quarterly contributions and liquic							
	•	shortfall" for the prior year?			• • • • • • • • • • • • • • • • • • • •		Yes X N	
		quarterly installments for the current year		/ manner?	• • • • • • • • • • • • • • • • • • • •	<u></u>	Yes N	
	,	ns and complete the following table as app	•					
	U ii Zoz io Too, see instruction	Liquidity shortfall as of end		s plan year	1			
.,	(1) 1st	(2) 2nd		3) 3rd		(4) 4tl)	

P	irt v Assumptio	ons used to determine i	unding target and target	normai cost			
21	Discount rate:						
	a Segment rates:	1st segment: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %		N/A, full yield curve used	
	b Applicable month				21b	0	
22					22	62	
	Mortality table(s) (se			scribed - separate	Substitu	<u> </u>	
	rt VI Miscellane		Noneman and the second	·			
24	-	· ·	tuarial assumptions for the curren	•		ns regarding required · · · · · · · · ☐ Yes 🕱 No	
25						· · · · · · · · · · · · · · · · · · ·	
						nt Yes X No	
27			nding rules, enter applicable code			The same of the sa	
	•	•			27		
Pa	rt VII Reconcili	ation of unpaid minimu	m required contributions	for prior years			
28	Unpaid minimum req	uired contribution for all prior y	ears		28	0	
29	Discounted employe	r contributions allocated toward	d unpaid minimum required contrib	outions from prior years	29		
					ļ	0	
-			ntributions (line 28 minus line 29)	· · · · · · · · · · · · · · · · · · ·	30	0	
Pa	rt VIII Minimum	required contribution t	or current year				
31	Target normal cost, a	adjusted, if applicable (see inst	ructions)				
	a Target normal cost	t (line 6)			31a	62,314	
	b Excess assets, if a	pplicable, but not greater than	31a		31b	48,912	
32	32 Amortization installments: Outstanding Balance Installment						
	a Net shortfall amort	ization installment			0	0	
	b Waiver amortizatio	n installment			0	0	
33	If a waiver has been		ter the date of the ruling letter gra		33	0	
34	Total funding requirer		/prefunding balances (lines 31a - 3		34	13,402	
	Total funding requirer	Herit before reflecting carryover	Carryover balance	Prefunding Bala	L	Total balance	
			- Jan, jord, Balanco	i rerainaing Dail		Total balance	
ან	Balances elected to requirement	use to offset funding	0		0	0	
36					36	13,402	
			ontribution for current year adjuste			13,402	
		•			37	13,625	
38	Present value of exc	ess contributions for current ye	ear (see instructions)				
	a Total (excess, if an	ny, of line 37 over line 36)			38a	223	
	b Portion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b	0	
39	Unpaid minimum req	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39		
40	Unpaid minimum req	uired contribution for all years			40		
Pai	t IX Pension	funding relief under Pe	nsion Relief Act of 2010 (see instructions)			
41	lf a shortfall amortizat	ion base is being amortized pu	rsuant to an alternative amortizat	on schedule:			
	a Schedule elected .					2 plus 7 years 15 years	
	b Eligible plan year(s	s) for which the election in line	41a was made		🗌 200	08 2009 2010 2011	
				····	42		
			d over to future plan.years		43		
					L	<u> </u>	

Schedule SB, Part V Summary of Plan Provisions

Gopal Kishore Physician PC Defined Benefit Plan 26-2102389 / 001

For the plan year 1/1/2011 through 12/31/2011

Employer: Gopal Kishore Physician PC

Type of Entity - S-Corporation

EIN: 26-2102389 TIN: 45-3213562 Plan #: 001

Dates: Effective - 1/1/2010 Year end - 12/31/2011 Valuation - 1/1/2011

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 - 1000 Vesting - 1000

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

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of service

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

10% of average monthly compensation per year of participation beginning year 1 limited to 10

year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Gopal Kishore Physician PC Defined Benefit Plan 26-2102389 / 001

For the plan year 1/1/2011 through 12/31/2011

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.47
Segment 2	6 - 20	5.07
Segment 3	> 20	6.10

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

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

Gopal Kishore Physician PC Defined Benefit Plan 26-2102389 / 001

For the plan year 1/1/2011 through 12/31/2011

Valuation Date: 1/1/2011

Funding Method: As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) Segment # Rate % Year Segment 1 0 - 5 2.94 6 - 20 Segment 2 5.82 Segment 3 > 20 6.46

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) Post-Retirement -Mortality Table -

Cost of Living -

Lump Sum -11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable 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 - Not tested As Single Plan

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, line 19 - Discounted Employer Contributions

Gopal Kishore Physician PC Defined Benefit Plan 26-2102389 / 001

For the plan year 1/1/2011 through 12/31/2011 Valuation Date: 1/1/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	9/13/2012	\$15,000					
Applied to Additional Contribution	1/1/2011	246	223	0	0	5.82	0
Applied to MRC	1/1/2011	14,754	13,402	0	0	5.82	0
Totals for Deposited Contribution		\$15,000	\$13,625	\$0	\$0		

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

Gopal Kishore Physician PC Defined Benefit Plan 26-2102389 / 001 For the plan year 1/1/2011 through 12/31/2011

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.