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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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).

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

Pa	rt I	Annual Report I	ldeı	ntification Information					
For c	calenda	r plan year 2011 or fise	cal p	olan year beginning 01/01/201	1	and ending 1	2/31/2	2011	
Ат	his retu	urn/report is for:	X	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan
		urn/report is:	П	the first return/report	the final r	eturn/report			
	1110 1010	in propertie.	=	an amended return/report		an year return/report (less than 12 mo	anths)		
•			H	' H		extension	511(115)	DFVC prograi	~
	heck b	ox if filing under:	H	Form 5558		, extension		DFVC program	III
	[special extension (enter description					
	rt II		rma	tion—enter all requested inform	ation		4.		
	Name o			INES SENEET SENSION SUAN	AND TO		1b	Three-digit plan number	
CHAN	IDRA VI	ENUGOPAL MD, PA I	DEF	INED BENEFIT PENSION PLAN	AND IR			(PN)	001
							10	Effective date of	
								01/01/	•
2a	Plan sp	onsor's name and add	dress	; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identifi	cation Number
CHAN	IDRA V	'ENUGOPAL , MD, PA	Ą					(EIN) 65-103	
							2c	Sponsor's teleph	none number
3347 9	STATE	ROAD 7 #203						561-793	-6100
WELL	INGTO	N, FL 33449					2d	Business code (s	
								62111	
		lministrator's name and ENUGOPAL, MD, PA		dress (if same as plan sponsor, e 3347 STATE		,	3b	Administrator's E	
SHAIN	DKA VI	ENUGUPAL, MD, PA		WELLINGTO			30		elephone number
							30	561-793	
4	If the na	ame and/or EIN of the	plar	sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN	
			nber	from the last return/report.			_		
	•	or's name					4c	PN	
5a	Total no	umber of participants a	at th	e beginning of the plan year			5a		23
b	Total no	umber of participants a	at th	e end of the plan year			5b		23
С				unt balances as of the end of the p	, ,	•	- -		
	<u> </u>	,					5c		
_						(See instructions.)			X Yes No
						ndent qualified public accountant (IQI ions.)			X Yes No
			•			SF and must instead use Form 550			
Par	t III	Financial Inform	nati	on					
7	Plan As	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year
а	Total pl	lan assets			. 7a	1554848			1858509
b	Total pl	lan liabilities			. 7b	0			0
С	Net pla	ın assets (subtract line	7b 1	from line 7a)	. 7с	1554848			1858509
8	Income	e, Expenses, and Trans	sfers	s for this Plan Year		(a) Amount		(b) T	otal
		outions received or rec				, ,		(**/	
	(1) Em	nployers			. 8a(1)	438432			
	(2) Pa	rticipants			. 8a(2)	0			
	(3) Oth	ners (including rollover	ˈs)		. 8a(3)	0			
b	Other in	ncome (loss)			. 8b	-30276			
С	Total in	ncome (add lines 8a(1)), 8a	(2), 8a(3), and 8b)	. 8c				408156
d	Benefit	s paid (including direct	t roll	overs and insurance premiums		104405			
	•	,				104495			
е	Certain	deemed and/or correct	ctive	distributions (see instructions)	. 8e	0			
f	Adminis	strative service provide	ers (salaries, fees, commissions)	. 8f	0			
g	Other e	expenses			. 8g	0			
h	Total ex	xpenses (add lines 8d,	, 8e,	8f, and 8g)	. 8h				104495
i	Net inc	ome (loss) (subtract lir	ne 8	h from line 8c)	. 8i				303661
j	Transfe	ers to (from) the plan (s	see	instructions)	. 8j	0			
				Control Numbers and the instructions for					

Form 5500-SF 2011		

Dort IV	Plan Characteristi	~~
Part IV	Pian Characteristi	CS.

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

Page 2 - 1

1A 3

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

art	V	Compliance Questions			1	1			
0		ng the plan year:		Yes	No		Amo	unt	
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		Х				
С	Was	the plan covered by a fidelity bond?	10c		X				
d	Did t	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х				
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X					2090
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	10h						
i		n 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		Pension Funding Compliance	ı		ı				
	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X	Yes	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		_
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiver							
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	the minimum required contribution for this plan year			12b				
С	Ente	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		[12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	o 📗	N/A
art	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?			☐ Y	′es X	No		
		es," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were	eall the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol		П	Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
1:		Name of plan(s):		13	c(2) EI	N(s)	1:	3c(3) F	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	establ	ished.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this reti					cable, a	Sched	dule

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

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	WILLIAM DALTON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/09/2012	WILLIAM DALTON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

									an attachme	ent to Form	5500 or	5500-	SF.							
Fo	r caler	ndar p	lan ye	ar 2011	or fis	cal plan y	ear begin	ning 0	1/01/2011				and end	ding	12/31/2	2011				
						st dollar.														
•	Cauti	on: A	pena	Ity of \$1	,000	will be ass	essed for	late filing o	f this report	unless reaso	onable ca	ause is	establisl	hed.						
	Name IANDR			OPAL M	ID, PA	DEFINE	D BENEF	IT PENSION	N PLAN ANI	O TR		В	Three-d	•	(PN)	•		0	01	
С	Plan s	ponso	or's na	me as s	shown	on line 2	a of Form	5500 or 550	00-SF			D	Employe	r Idei	ntification	n Nu	mber (EIN)		
CH	ANDR	RA VE	NUGC	OPAL , N	MD, P	Α						65-	1036205	i			·	,		
Ε	Туре о	f plan	: X	Single	N	lultiple-A	Multip	ole-B	F	Prior year pla	an size: 🔀	100	or fewer		101-500		More t	han 500		
Р	art I	В	asic	Inforn	natio	on														
1				tion date			Month1	<u> </u>	Day 31	Year _	2011									
2	Ass		valua	lion dati	С.	<u>'</u>	vioritii													
_	a		ot val												2a					1420077
	b														2b					1420077
3											(4) 1			·····			(0)		- .	1420077
3	_	·	•			unt break				20	(1) N	lumbe	r of partic	cipan	ts 0		(2)	Funding	Target	0
	a							0.,	ment											4871
	b					participant	S			3b					11					4671
	С	For		particip						0 (4)										4057
	(1) Non-vested benefits														_					4957
		(2)	Veste	ed bene	fits										40					1522333
		(3)	Total	active.						. ,					12					1527290
	d									-					23					1532161
4	If th	e plai	n is in	at-risk s	status,	check the	box and	complete lii	nes (a) and ((b)				_						
	а	Fund	ding ta	rget dis	regar	ding presc	ribed at-ri	isk assumpt	ions						4a					
	b								garding trans I disregardin						4b					
5	Effe							•							5					5.26 %
6	Targ	get no	rmal o	cost											6					392602
Sta	temer	nt by	Enroll	ed Actu	uary															
	accorda	ance wit	h applic	able law a	ind regu		opinion, ead	ch other assump	panying schedu otion is reasonab											
	SIGN																			
ŀ	IERE											_				1	0/05/2	012		
						Signa	ture of ac	tuary									Date			
CH	ARLES	S W. [DAY									_					11-018	53		
AC ⁻	ΓUARI	AL D	ATA, II	NC	-	Type or pr	int name	of actuary						ľ	Most rece			ent num 9-8700	ber	
							irm name	7				_		Telen	hone nu				a code)	1
	BROA RNEGI			ENUE, 9 16	SUITE		iiii riaine	,					,	ГОЮР	mone na	iribc	1 (111010	ung arc	a code,	,
						Addı	ress of the	e firm				_								
lf th	actur	arv ho	e not	fully rofl	actad	any regul	ation or r	ulina promul	lgated under	the statute	in comple	etina ti	nie echec	lule	chack th	a ho	v and	200		П
	e actua		io HUL	runy refi	ected	arry regul	auvii 01 fl	uning promul	iyat c u unuer	ine Statute	iii comple	ະແກ່ຊີ [[no suriec	uie,	CHECK IN	C 00	A aliu S			\sqcup

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Schedule SB (Form 5500) 2011

Pa	art II	Begir	ning of year	carryove	er and prefunding bala	ances							
				-			(a) (Carryover balance		(b) F	Prefundi	ng balance	
7		_			cable adjustments (line 13 fro	-			0			0	
8			•	-	unding requirement (line 35 f				0			0	
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0			0	
10	Interest	t on line 9	using prior year's	actual ret	urn of <u>45.60</u> %								
11	Prior ye	ear's exce	ess contributions to	o be added	I to prefunding balance:								
	a Pre	sent valu	e of excess contril	butions (lin	e 38 from prior year)					36			
					rate of% except					0			
C Total available at beginning of current plan year to add to prefunding balance												36	
d Portion of (c) to be added to prefunding balance												0	
12 Other reductions in balances due to elections or deemed elections												0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0	
P	Part III Funding percentages												
14	Funding	g target a	attainment percent	age							14	92.68 %	
					je						15	92.68 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											16	97.45 %	
17					s less than 70 percent of the					- 1	17	%	
P	art IV	Con	tributions and	d liquidit	ty shortfalls								
18	Contrib			•	ear by employer(s) and empl	oyees:							
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pa employer(s		(c) Amount paid by employees			
03	/05/2012	2		100000									
80	3/31/2012	2		200000									
09)/10/2012	2		138432									
											1		
						Totals ►	18(b)		438432	18(c)		0	
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with a	valuation d	late after th	he beginning of the	year:				
	a Cont	ributions	allocated toward u	unpaid min	imum required contributions	from prior y	ears		19a			0	
	b Cont	ributions	made to avoid res	trictions ac	djusted to valuation date				19b			0	
	C Cont	ributions a	allocated toward mi	nimum requ	uired contribution for current ye	ar adjusted	to valuation	n date	19c			411735	
20	Quarter	rly contrib	outions and liquidit	y shortfalls	:								
	a Did t	he plan h	nave a "funding sh	ortfall" for t	he prior year?						×	Yes No	
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current year	made in a t	timely mar	nner?		<u></u>		Yes X No	
	C If 20a	a is "Yes,	" see instructions	and comple	ete the following table as app	licable:							
					Liquidity shortfall as of en	d of quarter		•				_	
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 1.99%		2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used
	b At	policable month	(enter code)					21b	0
22								22	62
23		ality table(s) (see			escribed - combined	7	scribed - separate	Substitut	
		1	_				oomood coparate		
		Miscellane							
		· ·	•		uarial assumptions for the co				· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment.	Yes X No
27					nding rules, enter applicable			27	
	rt VII				ım required contribut			28	
		id minimum requ	0						
<u>29</u>			contributions allocated		29	0			
30	Rema	aining amount of	f unpaid minimum requir		30	0			
Pa	rt VIII	Minimum	required contribu						
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	392602							
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					112085	18259
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	410861
		3 - 4			Carryover balance		Prefunding bala	l	Total balance
35	Ralan	ocas elected for i	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		
00						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	410861
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	411735
38			ess contributions for curr					ļ ļ	
				<u> </u>				38a	874
		•	•		prefunding and funding star			38b	
39		id minimum requ	39	0					
40					5		,	40	0
	rt IX				ension Relief Act of 20			1 - 1	
					ursuant to an alternative amo		•		
			_						2 plus 7 years 15 years
					41a was made				
42		, , , ,	,					42	
					d to fatore also			-	
43	Exces	ss installment ac	celeration amount to be	carrie		43			

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Annuitant:

Options:

Male Nonannuitant: 2011 Nonannuitant Male

No Use discount rate transition:

Female Nonannuitant: 2011 Nonannuitant Female

Lump sums use proposed regulations: Yes

Female Annuitant: 2011 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 0.00%

2011 Annuitant Male

Lookback months: 5

Use pre-retirement mortality: Yes Nonannuitant: None

2011 Applicable Annuitant:

Use optional combined mortality table for small plans:

1st 2nd <u>3rd</u> 1.99 **Segment rates:** 5.12 6.24 **High Quality Bond rates:** N/A N/A N/A 6.24 Final rates: 1.99 5.12 0.00 0.00 Override: 0.00

1st <u>2nd</u> <u>3rd</u> 2.21 **Current:** 4.61 5.46 Override: 0.00 0.00 0.00

Salary Scale

Late Retirement Rates

Male: 0.00% Female: 0.00%

None Male: Female: None

Withdrawal

Marriage Probability Male:

Setback 0

Yes

Male: None Female: None

0.00% Female: 0.00% **Expense loading:** 0.00%

Withdrawal-Select

Disability Rates

Male: None Female: None

Male: None

Early Retirement Rates

Female: None

Male: None Female: None

Mortality Setback 0 Male: None 0 None Female:

Subsidized Early Retirement Rates

Male: None Female: None

Name of Plan: Chandra Venugopal MD, PA Defined

65-1036205 Plan Sponsor's EIN:

Service/Participation Requirements **Eligibility Requirements**

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

Continuing hours: Age (months): 0 1.000

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

Other

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal **Subsidized Early Early Disability Death**

62 Age: 0 Service: 5 Participation:

1st of month **Defined:** following

Benefit Reduction / Mortality table & setback

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

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

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

Vesting Schedule: 2/20

Vesting Definition:

Hours Worked Percentage of accrued benefit: 100.00%

Pre-retirement death benefit

Death Benefit Payment method: Greater of PVAB or Face

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

Significant Changes in Plan Provisions Since Last Valuation

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

Plan Sponsor's EIN: 65-1036205

Benefits

Pension Formula: HCE

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2009

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

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

Maximum credit:

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

Averaging

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

In the last: 0 Include compensations based

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

Accrual

Frozen: No

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

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

to: N/A

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

Frozen Benefits

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

Selected Formula: N/A by frozen years:

Associated defined contribution/cash balance

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

Plan name:

Selected formula: N/A

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

Plan Sponsor's EIN: 65-1036205

Benefits

Pension Formula: Original

Type of Formula: Unit benefit integrated

Effective Date: 01/01/2005

Simplified

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

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

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

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

Units based on: Participation

Integration level

Covered compensation table:DynamicRounding:ExactUniform dollar amount:None

Averaging

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

In the last: 0 Include compensations based

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

Accrual

Frozen: No

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

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

1000 1000 1000 1000 1000 1000 Limit current credit

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

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

Apply 415 before accrual: No

Frozen Benefits

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

Selected Formula: N/A by frozen years:

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

Plan Sponsor's EIN: 65-1036205

Associated defined contribution/cash balance

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

Plan name:

Selected formula: N/A

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

Plan Sponsor's EIN: 65-1036205

Benefits

Pension Formula: NHCE

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2009

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

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

Maximum credit:

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

Averaging

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

In the last: 0 Include compensations based

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

Accrual

Frozen: No

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

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

to: N/A

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

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

Plan Sponsor's EIN: 65-1036205

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

, , , , , , , , , , , , , , , , , , , ,	File as an attachm	ent to Form	5500 or 5	5500-SF.			
For calendar plan year 2011 or fiscal p	lan year beginning 01/	01/2011		and endin	g	12/	31/2011
Round off amounts to nearest do	ollar.						
Caution: A penalty of \$1,000 will b	e assessed for late filing of this report	unless reaso	nable cai	use is establishe	d.		
A Name of plan				B Three-digi			
				plan numb	er (PN)	>	001
Chanden Hammanal MD			,				
Chandra Venugopal MD, 1		sion Plar	1 and	Tr			
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer lo	entification	Number (EIN)
Chandra Venugopal , MD	, PA			65-10362	205		
E Type of plan: X Single Multiple	e-A Multiple-B	Prior year plar	n size: X	100 or fewer	101-500	More t	han 500
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day 31	Year	2011				
2 Assets:	Mentil Buy		MAY MASSAGE		1.00		X.
					2a		1,420,077
San and a san and					2b	*******	
3 Funding target/participant count b						(0)	1,420,077
	peneficiaries receiving payment	. 3a	(T) NU	umber of participa	ants 0	(2)	Funding Target
	pants				11		0 4 071
C For active participants:	parits	30			77		4,871
vertices of the control of the control of the second of the control of the contr		20/1)					4 05 5
The State Companies of the Comp							4,957
3.50 - 63					7.0		1,522,333
		— • • • •			12	·	1,527,290
					23		1,532,161
4 If the plan is in at-risk status, chec	ck the box and complete lines (a) and	(b)					
 a Funding target disregarding p 	prescribed at-risk assumptions				4a		
	sk assumptions, but disregarding tran		•		4b		
`	ive consecutive years and disregardin	<u> </u>			-		
					5		5.26 %
					6	House black and the second	392,602
Statement by Enrolled Actuary To the best of my knowledge, the information st accordance with applicable law and regulations combination, offer my best estimate of anticipate	applied in this schedule and accompanying schedule. In my opinion, each other assumption is reasonal	iles, statements ar ble (taking into acc	nd attachme count the ex	ents, if any, is complete perience of the plan a	and accurate. I	ach prescril	bed assumption was applied in and such other assumptions, in
	O						
SIGN	W D				10.110		
				· ·	10	/05/2	012
	ignature of actuary					Date	
Charles W. Day					1	1-018	53
5000 94 01 560 560 000 8000	or print name of actuary				Most recen	t enrollm	ent number
Actuarial Data, Inc					(412) 429	-8700
102 Broadway Avenue, Sui	Firm name te 200			Tele	phone num	ber (inclu	ding area code)
Carnegie	חא זכי	106					
	PA 153 Address of the firm	T 0 p					
		the state of		in a state of the	1		
If the actuary has not fully reflected any rinstructions For Panaryerk Paduation Act Nation			complet	ing this schedule	, check the	box and s	see [

_		2	
Pac	ıe.	4	-

Pa	rt II	Begir	ning of year	carryove	r and prefunding bal	ances				***************************************			_	
							(a) C	Carryover balance		(b) l	Prefundi	ng balance	_	
7 	MARKET CONTROL OF THE CO	9573	1.7	10.75	cable adjustments (line 13 fr				0				0	
8					unding requirement (line 35				0				0	
9									0				0	
10	Interest	on line 9	using prior year's	s actual retu	urn of45.60_%								_	
11	Prior ye	ear's exc	ess contributions t	o be added	to prefunding balance:									
	a Pre	sent valu	e of excess contri	butions (line	e 38 from prior year)							3	6	
					rate of0,00_% excep						Well and the second sec		0	
	C Tota	al availabl	e at beginning of c	urrent plan y	ear to add to prefunding bala	nce						3	6	
	d Por	tion of (c) to be added to p	refunding b	alance								0	
12	Other re	eductions	s in balances due	to elections	or deemed elections				0				0	
13	Balance	e at begin	nning of current ye	ear (line 9 +	line 10 + line 11d - line 12)				0		- al a		0	
Part III Funding percentages										100000000000000000000000000000000000000	_			
							100			T	14	92.68 %	_	
	or sometimes			-	e						15	92.68 %	-	
	Prior ye	ar's func	ling percentage fo	r purposes	of determining whether can	yover/prefur	nding balan	ices may be used I	o reduce		16	97.45 %	_	
17					less than 70 percent of the						17	%	_	
	art IV	T	tributions an										_	
					ear by employer(s) and emp	lovees:	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10							
	(a) Dat	.e	(b) Amount p	aid by	(c) Amount paid by employees	(a) Da	a) Date (b) Amount paid by (c) Amount paid by DD-YYYY) employer(s) employees							
NAME AND ADDRESS OF THE OWNER, TH	3/05/2			00,000	employees	(WIN DD	,	Chiployer(c	',		ОПри	,,,,,,	_	
	3/31/2			00,000									_	
	10/2			38,432									_	
	,, ±0,1			30,132				V				- 47	_	
													_	
	W		Annual Control of the											
			Kenar			Totals •	18(b)	4.3	8,432	18(c)			n	
19	Discour	nted emn	lover contribution	s – see insti	ructions for small plan with		all the state of t	and the second of the second o	Am protest of the Addition			1-17		
		•			mum required contributions				19a				0	
					O as the Artistical St. Seedon Ch. • See Survival Ch. And See St. See See St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co				19b				0	
	 b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for curre 								19c			411,73		
20							to valuation	uate	130	le le le		111,73	_	
The state of the s											x	Yes No	_	
a Did the plan have a "funding shortfall" for the prior year?b If 20a is "Yes," were required guarterly installments for the current year ma											Yes X No			
C If 20a is "Yes," see instructions and complete the following table as applicable:							·····	162 V 140						
	□ II 208	als res,	see matructions	and comple	Liquidity shortfall as of er		of this plan	n vear					_	
		(1) 18	st		(2) 2nd	o. quarter		3rd			(4) 4th			
				200										
													_	

_Pa	art V Assumption	ns used to determine	funding target and targ	et normal cost				
21	Discount rate:							
	a Segment rates:	1st segment: 1.99 %	2nd segment: 5.12 %	3rd segment 6.24 %	2	☐ N/A, full yie	eld curve	used
100 / Fill State 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	b Applicable month	(enter code)			21b	11 P. HOW SHITTING STREET	10 108	
22	Weighted average ret	irement age			. 22			62
50000000	Mortality table(s) (see		escribed - combined	Prescribed - separate	Substitu	ıte		
Pa	rt VI Miscellane	ous items						
24			tuarial assumptions for the curr					X No
25	Has a method change	been made for the current pl	an year? If "Yes," see instruct	ions regarding required alta	chment		Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	structions regarding required	attachmen	t	Yes	X No
	If the plan is eligible for	or (and is using) alternative fu	nding rules, enter applicable co	ode and see instructions	27			
Pa			um required contribution					
			years		. 28	Mondon Spanish Madella 90		
29	Discounted employer	contributions allocated toward	d unpaid minimum required co	ntributions from prior years	29			
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus line 2	9)	30			C
Pa	rt VIII Minimum	required contribution	for current vear					
31		nd excess assets (see instruc			Maria			
					31a	392,602		
		·	า 31a		. 31b			
32	Amortization installme			Outstanding Bala	ance	Instal	lment	
	a Net shortfall amorti	zation installment	,		112,085		1	8,259
	b Waiver amortization	n installment			d			
33	If a waiver has been a	approved for this plan year, en	iter the date of the ruling letter	granting the approval	33			
34			er/prefunding balances (lines 3		34		41	0,861
	3 - 1-	, , , , , , , , , , , , , , , , , , , ,	Carryover balance	Prefunding bala	1	Total b		
35	Balances elected for u	use to offset funding				, , , , , ,		-
-				0	d			C
36	Additional cash require	ement (line 34 minus line 35)			36		41	0,861
37		5)	ontribution for current year adj		37		41	1,735
38	Present value of exce	ss contributions for current ye	ear (see instructions)					
	a Total (excess, if any	y, of line 37 over line 36)			38a			874
			prefunding and funding standa		38b	8 1900 U 10 10 10 10 10 10 10 10 10 10 10 10 10		
39			ear (excess, if any, of line 36 o		39			C
40	Unpaid minimum requ	ired contributions for all years	3		40			C
			ension Relief Act of 201		•			***************************************
41			ursuant to an alternative amort	 				- All-American
	a Schedule elected					2 plus 7 years	15 ye	ears
	b Eligible plan year(s)	for which the election in line	41a was made			'		011
42					42			
_			d over to future plan years		43			
			F			N 22		

Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameChandra Venugopal MD, PA Defined Benefit Pension Plan and Plan and Plan Sponsor's NameChandra Venugopal, MD, PAPAEin: 65-1036205

Date of		Va-: 1	F.66 - 41	1-4
Contributon	Amount	Year	Effective	Interest Adjusted Contribution:
03/05/2012	Amount	Applied 2011	Interest Rate	Contribution:
03/03/2012	100,000		10.26	95,199
08/31/2012	200,000	2011	10.26	184,928
09/10/2012	138,432	2011	10.26	131,608
				7778700
	93-50-60 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	17			
op gradenina				-

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Chandra Ve	nugopal MD,	PA Defined	Benefit	Pension	Plan	and EIN :	65-1036205
Plan Sponsor's Name	Chandra Veni	ugopal , MD	, PA			PN:	001
The weighted average reti	irement age is e	qual to the nor	mal retirem	ent age of	62	_·	
List the rate of retirement a retirement age, including a 100% retire at age	a description of						hted average

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant:

2011 Nonannuitant Male

Use optional combined mortality table for small plans:

Yes

Female Nonannuitant:

2011 Nonannuitant Female

Use discount rate transition: No

Male Annuitant:

2011 Annuitant Male

Lump sums use proposed regulations:

Yes

Female Annuitant:

2011 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum:

Use pre-retirement mortality:

0.00%

Lookback months:

5

Yes

Nonannuitant: None

1st

0.00

Annuitant:

2011 Applicable

1st 2nd 3rd Segment rates: 1.99 5.12 6.24 High Quality Bond rates: N/A N/A N/A Final rates: 1.99 5.12 6.24 Override: 0.00 0.00 0.00

Current: 2.21 Override:

4.61

2nd

0.00

3rd 5.46

0.00

Salary Scale

0.00% Male: Female:

0.00%

Late Retirement Rates

Male:

None

Female:

None

Withdrawal

Male: None Female: None Marriage Probability

Setback 0

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male: Female:

Withdrawal-Select

None None

Male:

None

Female:

Male:

Female:

Early Retirement Rates Male:

None

Female: None

Subsidized Early Retirement Rates

None

Mortality

None

None

0 0

Setback

Male:

None

Female:

None

Name of Plan:

Chandra Venugopal MD, PA Defined

Plan Sponsor's EIN:

65-1036205

Plan Number:

Eligibility Requirements

Two year eligibility:

Service/Participation Requirements

Age (yrs): 21 Age (months): 0 Wait (months):

12 No Definition of years: Continuing hours:

Excluded classes:

Hours worked 1.000

Union Members

Non-resident alien

Other

Earnings

Total compensation excluding:

403(b) Cafeteria Other

Prior to participation 415 prior to participation

Retirement

Normal

Early

Subsidized Early

Disability

Death

62 Age: 0 Service: 5 Participation:

Defined:

1st of month following

Benefit Reduction / Mortality table & setback

Male: Female: Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence

None None

None

0 0

Rates - Male: Rates - Female: None None

No

None None

None

Use Social Security Retirement Age:

2/20 Vesting Schedule:

REACT Benefits Percentage:

100.00%

Vesting Definition:

Hours Worked

Pre-retirement death benefit Percentage of accrued benefit:

100.00%

Death Benefit Payment method:

Greater of PVAB or Face

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

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Benefits

Pension Formula:

HCE

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2009

Unit type: Unit based on: Percent Accrual

Maximum total percent:

0.00%

Tiers based on: First tier:

None 10.00%

for 1st

None

Second tier: Third tier:

None None

None for next for remaining yrs

Maximum credit:

Past years: Future years: 99 99

Total years:

25

Averaging

Projection method:

Current Compensation

Apply exclusion to accrued benefit: Annualize short compensation years:

No No No

Based on: Highest: In the last: Final Average 3 0

Annualize short plan years: Include compensations based

Excluding:

0

on years of:

Accrual

Accrual

Frozen:

No

Continuing

Definition of years:

Hours worked

Fractions based on:

N/A

Accrual credit:

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

to:

Years based on:

Participation

Cap/floor years:

Maximum past accrual years:

0.0000

Cap or floor:

Floor

Method:

Unit accrual

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

Frozen Benefits

Fresh Start Date:

01/01/2009

Died

Fresh start approach Reduce years and/or caps

No wear away Years not caps

N/A

Apply increase to frozen compensation: Selected Formula:

No N/A

by frozen years:

Associated defined contribution/cash balance

Projected interest rate:

0.00% No

Participant receives contribution in year of retirement: Plan name:

Selected formula:

N/A

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Benefits

Pension Formula:

Original

Type of Formula:

Unit benefit integrated

Effective Date:

01/01/2005

Formula

% per Unit 100.00%

Maximum Total %

Simplified table limit

Base: Excess: 17.50%

100.00%

17.50%

No

Adjust % No

No

Maximum Credits

Base:

Excess:

Past years

Future years 99 99

Total years 25 25

Units based on:

Participation

99

99

Integration level

Covered compensation table:

Dynamic

Rounding:

Uniform dollar amount:

Exact None

Averaging

Projection method: Based on:

Current Compensation Final Average

Apply exclusion to accrued benefit: Annualize short compensation years: Annualize short plan years:

No No No

Highest: In the last: **Excluding:** 3 0 0

Include compensations based on years of:

Accrual

Accrual

Frozen:

No

Definition of years:

Hours worked

Died

1000

Fractions based on:

Accrual credit:

Continuing 1000 Disabled 1000 Retired 1000 **Terminated** 1000 Precision:

Limit current credit to: N/A

N/A

Years based on:

Service

Cap/floor years:

N/A

Maximum past accrual years: Method:

0.0000 Fractional

Cap or floor: Accrual % per year: Apply 415 before accrual: Floor 0.00% No

Frozen Benefits

Fresh Start Date:

01/01/2009

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

Apply increase to frozen compensation: Selected Formula:

No N/A

by frozen years:

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Associated defined contribution/cash balance

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

Plan name:

Selected formula: N/A

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Benefits

Pension Formula:

NHCE

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2009

Unit type: Unit based on: Percent Accrual

Maximum total percent: Tiers based on:

0.00% None

First tier: Second tier: 0.50%

for 1st for next None None

Third tier:

None None

for remaining yrs

Maximum credit:

Past years: Future years: 99 99

Total years:

25

Averaging

Projection method: Based on: Current Compensation

Apply exclusion to accrued benefit: Annualize short compensation years:

No No No

Highest:

Final Average

Annualize short plan years:

Include compensations based

In the last: Excluding: 0

on years of:

Accrual

Accrual

Frozen:

No

Continuing

Definition of years:

Hours worked

1000

Fractions based on: N/A

·

Accrual credit:

 Died
 Disabled
 Retired
 Terminated

 1000
 1000
 1000
 1000

Precision: N/A Limit current credit

N/A

to:

Years based on:

Method:

Participation

Cap/floor years:

0

Maximum past accrual years:

0.0000 Unit accrual

Cap or floor: Accrual % per year:

Apply 415 before accrual:

Floor 0.00% No

Name of Plan:

Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr

Plan Sponsor's EIN:

65-1036205

Plan Number:

Attachment to 2011 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameChandraVenugopalMD, PADefined BenefitPension Plan and Plan and Plan and Plan and Plan Sponsor's NameChandraVenugopal , MD, PAPN:001

	Present Value of		T	
			\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	A
_	Any Remaining		Years	Amortization
Type of Base Shortfall	Installments	Valuation Date	Remaining	Installment
Shortfall	85,882	12/31/2011	7	13,570
Shortfall	26,203	12/31/2010	6	4,689
MINUS SESSE				
			 	
				
			+	
			 	
And the second s				
			 	
			+	
A.O			A supplied to the supplied to	
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				CONTRACTOR OF THE STATE OF THE
100000000000000000000000000000000000000		5		39.4540333149-007 - 5.5512-005.0070 8-29.00 90.5750 (50.0000)
	_			
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				Equipment of the second of the

			+	
			 	
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				00 00 00 00 00 00 00 00 00 00 00 00 00
			1	
			1	

Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameChandraVenugopalMD, PADefined BenefitPension Plan and Plan and Plan and Plan and Plan Sponsor's NameEhr:65-1036205Plan Sponsor's NameChandraVenugopal, MD, PAPN:001

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
03/05/2012	100,000	2011	10.26	95,199
			10.26	
08/31/2012	200,000			184,928
09/10/2012	138,432	2011	10.26	131,608

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name	Chandra	Venugopal	MD,	PA Defined	Benefit	Pension	Plan	and E1N :	65-1036205
Plan Spons	or's Name	Chandra	Venu	ıgopal , MD	, PA			PN:	001
The weighted	d average	retirement ag	e is e	qual to the no	mal retirem	ent age of	62		
	ge, includir	ng a description		describe the i the weight app	U	•		•	hted average

Attachment to 2011 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameChandraVenugopalMD, PADefined BenefitPension Plan and Plan and Plan and Plan and Plan Sponsor's NameEhr:65-1036205Plan Sponsor's NameChandraVenugopal, MD, PAPN:001

	Present Value of Any Remaining		Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
Type of Base Shortfall	85,882	12/31/2011	7	13,570
Shortfall	26,203	12/31/2010	6	4,689
			-	
	+		+ +	
	+		+ +	
	 			
	- 		 	
	1			
	1			
	1			