

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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A	This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan	
B	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

Part II Basic Plan Information—enter all requested information			
1a	Name of plan <u>CHANDRA VENUGOPAL MD, PA DEFINED BENEFIT PENSION PLAN AND TR</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>01/01/2009</u>
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CHANDRA VENUGOPAL , MD, PA</u> <u>3347 STATE ROAD 7 #203</u> <u>WELLINGTON, FL 33449</u>	2b	Employer Identification Number (EIN) <u>65-1036205</u>
		2c	Sponsor's telephone number <u>561-793-6100</u>
		2d	Business code (see instructions) <u>621111</u>
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>CHANDRA VENUGOPAL , MD, PA</u> <u>3347 STATE ROAD 7 #203</u> <u>WELLINGTON, FL 33449</u>	3b	Administrator's EIN <u>65-1036205</u>
		3c	Administrator's telephone number <u>561-793-6100</u>
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b	EIN
		4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>23</u>
b	Total number of participants at the end of the plan year.....	5b	<u>23</u>
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	<u>1554848</u>	<u>1858509</u>
b	Total plan liabilities.....	7b	<u>0</u>	<u>0</u>
c	Net plan assets (subtract line 7b from line 7a).....	7c	<u>1554848</u>	<u>1858509</u>
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:			
	(1) Employers	8a(1)	<u>438432</u>	
	(2) Participants	8a(2)	<u>0</u>	
	(3) Others (including rollovers).....	8a(3)	<u>0</u>	
b	Other income (loss).....	8b	<u>-30276</u>	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u>408156</u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>104495</u>	
e	Certain deemed and/or corrective distributions (see instructions)	8e	<u>0</u>	
f	Administrative service providers (salaries, fees, commissions)	8f	<u>0</u>	
g	Other expenses.....	8g	<u>0</u>	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		<u>104495</u>
i	Net income (loss) (subtract line 8h from line 8c).....	8i		<u>303661</u>
j	Transfers to (from) the plan (see instructions)	8j	<u>0</u>	

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 3D

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

4B

Part V Compliance Questions

		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	X		2090
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

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.)

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. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

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 in any plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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.)

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2012	WILLIAM DALTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2012	WILLIAM DALTON
	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
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CHANDRA VENUGOPAL MD, PA DEFINED BENEFIT PENSION PLAN AND TR</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHANDRA VENUGOPAL , MD, PA</u>	D Employer Identification Number (EIN) <u>65-1036205</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>1420077</u>
b Actuarial value	2b <u>1420077</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>11</u> <u>4871</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>4957</u>
(2) Vested benefits	3c(2) <u>1522333</u>
(3) Total active	3c(3) <u>12</u> <u>1527290</u>
d Total	3d <u>23</u> <u>1532161</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.26 %</u>
6 Target normal cost	6 <u>392602</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/05/2012</u>
Signature of actuary	Date
<u>CHARLES W. DAY</u>	<u>11-01853</u>
Type or print name of actuary	Most recent enrollment number
<u>ACTUARIAL DATA, INC</u>	<u>412-429-8700</u>
Firm name	Telephone number (including area code)
<u>102 BROADWAY AVENUE, SUITE 200</u> <u>CARNEGIE, PA 15106</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>45.60</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		36
b	Interest on (a) using prior year's effective rate of <u>0.00</u> % except as otherwise provided (see instructions)		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	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	92.68 %
15	Adjusted funding target attainment percentage.....	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	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(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
03/05/2012	100000				
08/31/2012	200000				
09/10/2012	138432				
			Totals ►	18(b)	438432
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 411735
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 1.99%	2nd segment: 5.12%	3rd segment: 6.24 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	392602	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	112085	18259	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	410861	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	410861	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	411735	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	874	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2011 Nonannuitant Male
 Female Nonannuitant: 2011 Nonannuitant Female
 Male Annuitant: 2011 Annuitant Male
 Female Annuitant: 2011 Annuitant Female

Applicable months from valuation month: 0
 Probability of lump sum: 0.00%
 Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
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

Salary Scale

Male: 0.00%
 Female: 0.00%

Withdrawal

Male: None
 Female: None

Withdrawal-Select

Male: None
 Female: None

Early Retirement Rates

Male: None
 Female: None

Subsidized Early Retirement Rates

Male: None
 Female: None

Name of Plan: Chandra Venugopal MD, PA Defined
 Plan Sponsor's EIN: 65-1036205
 Plan Number: 001

Options:

Use optional combined mortality table for small plans: Yes
 Use discount rate transition: No
 Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
 Lookback months: 5
 Nonannuitant: None
 Annuitant: 2011 Applicable

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

Late Retirement Rates

Male: None
 Female: None

Marriage Probability

Male: 0.00%
 Female: 0.00%
 Expense loading: 0.00%

Disability Rates

Male: None
 Female: None

	<u>Mortality</u>	<u>Setback</u>
Male:	None	0
Female:	None	0

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 21
 Age (months) : 0
 Wait (months) : 12
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Union Members
 Non-resident alien
 Other

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other
 Prior to participation
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	62				
Service:	0				
Participation:	5				
Defined:	1st of month following				

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	None	0
Female:	Actuarial Equivalence	Actuarial Equivalence	None	0
Rates - Male:	None	None	None	
Rates - Female:	None	None	None	

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	100.00%
Vesting Schedule:	2/20	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	100.00%
		Death Benefit Payment method:	Greater of PVAB or Face

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Joint and contingent	100.00%	0
QJSA:	Joint and contingent	100.00%	0

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: 001

Schedule SB, Part V - Summary of Plan Provisions

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%	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 Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize 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:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A
 Years based on:	Participation					Cap/floor years:	0
Maximum past accrual years:	0.0000					Cap or floor:	Floor
Method:	Unit accrual					Accrual % 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 by frozen years:	Years not caps
Selected Formula:	N/A		

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:	001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Original
 Type of Formula: Unit benefit integrated
 Effective Date: 01/01/2005

<u>Formula</u>	<u>% per Unit</u>	<u>Maximum Total %</u>	<u>Simplified 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: Dynamic
 Rounding: Exact
 Uniform dollar amount: None

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	0	Include compensations based on years of:	Accrual
Excluding:	0		

Accrual

Frozen: No
 Definition of years: Hours worked
 Fractions based on: N/A

Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A

Years based on:	Service	Cap/floor years:	0
Maximum past accrual years:	0.0000	Cap or floor:	Floor
Method:	Fractional	Accrual % 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 by frozen years:	Years not caps
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: 001

Schedule SB, Part V - Summary of Plan Provisions

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:	001

Schedule SB, Part V - Summary of Plan Provisions

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%	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 Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize 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:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: N/A
	1000	1000	1000	1000	1000	Limit current credit to: N/A
 Years based on:	Participation		Cap/floor years:	0		
Maximum past accrual years:	0.0000		Cap or floor:	Floor		
Method:	Unit accrual		Accrual % 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
Plan Number:	001

**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**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

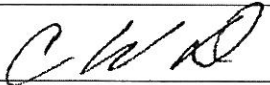
A Name of plan Chandra Venugopal MD, PA Defined Benefit Pension Plan and Tr		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Chandra Venugopal, MD, PA		D Employer Identification Number (EIN) 65-1036205
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2011</u>			
2 Assets:			
a Market value		2a	1,420,077
b Actuarial value		2b	1,420,077
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....		3a	0
b For terminated vested participants		3b	11
c For active participants:			
(1) Non-vested benefits.....		3c(1)	4,957
(2) Vested benefits		3c(2)	1,522,333
(3) Total active.....		3c(3)	12
d Total.....		3d	23
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.26 %
6 Target normal cost		6	392,602

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/05/2012</u>
Signature of actuary		Date
Charles W. Day		11-01853
Type or print name of actuary		Most recent enrollment number
Actuarial Data, Inc		(412) 429-8700
102 Broadway Avenue, Suite 200		Telephone number (including area code)
Carnegie		
PA 15106		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>45.60</u> %.....		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		36
b	Interest on (a) using prior year's effective rate of <u>0.00</u> % except as otherwise provided (see instructions).....		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	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage	14	92.68 %
15	Adjusted funding target attainment percentage	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	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(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
03/05/2012	100,000				
08/31/2012	200,000				
09/10/2012	138,432				
Totals •			18(b)	438,432	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	411,735

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 1.99 %	2nd segment: 5.12 %	3rd segment: 6.24 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	392,602
b Excess assets, if applicable, but not greater than 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		112,085	18,259
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	410,861
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	410,861
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	411,735
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	874
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected		<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made		<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

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

Plan Name	Chandra Venugopal MD, PA Defined Benefit Pension Plan and	EIN:	65-1036205
Plan Sponsor's Name	Chandra Venugopal , MD, PA	PN:	001

[illegible]

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 **EIN:** 65-1036205
Plan Sponsor's Name Chandra Venugopal , MD, PA **PN:** 001

The weighted average retirement age is equal to the normal retirement age of 62 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
100% retire at age 62.

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2011 Nonannuitant Male
 Female Nonannuitant: 2011 Nonannuitant Female
 Male Annuitant: 2011 Annuitant Male
 Female Annuitant: 2011 Annuitant Female

Applicable months from valuation month: 0
 Probability of lump sum: 0.00%
 Use pre-retirement mortality: Yes

	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

Salary Scale

Male: 0.00%
 Female: 0.00%

Withdrawal

Male: None
 Female: None

Withdrawal-Select

Male: None
 Female: None

Early Retirement Rates

Male: None
 Female: None

Subsidized Early Retirement Rates

Male: None
 Female: None

Options:

Use optional combined mortality table for small plans: Yes

Use discount rate transition: No

Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
 Lookback months: 5
 Nonannuitant: None
 Annuitant: 2011 Applicable

	1st	2nd	3rd
Current:	2.21	4.61	5.46
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: None
 Female: None

Marriage Probability

Male: 0.00%
 Female: 0.00%
 Expense loading: 0.00%

Setback

0

Disability Rates

Male: None
 Female: None

Mortality

Male: None
 Female: None

Setback

0

0

Name of Plan: Chandra Venugopal MD, PA Defined
 Plan Sponsor's EIN: 65-1036205
 Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 21
 Age (months) : 0
 Wait (months) : 12
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Union Members
 Non-resident alien
 Other

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other
 Prior to participation
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	62				
Service:	0				
Participation:	5				
Defined:	1st of month following				

Benefit Reduction / Mortality table & setback

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

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

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	100.00%
Vesting Schedule:	2/20	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	100.00%
		Death Benefit Payment method:	Greater of PVAB or Face

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Joint and contingent	100.00%	0
QJSA:	Joint and contingent	100.00%	0

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: 001

Schedule SB, Part V - Summary of Plan Provisions

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%	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 Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize 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:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: N/A
	1000	1000	1000	1000	1000	Limit current credit to: N/A
Years based on:	Participation			Cap/floor years:	0	
Maximum past accrual years:	0.0000			Cap or floor:	Floor	
Method:	Unit accrual			Accrual % 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
Plan Number:	001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Original
 Type of Formula: Unit benefit integrated
 Effective Date: 01/01/2005

<u>Formula</u>	<u>% per Unit</u>	<u>Maximum Total %</u>	<u>Simplified 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: Dynamic
 Rounding: Exact
 Uniform dollar amount: None

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	0	Include compensations based on years of:	Accrual
Excluding:	0		

Accrual

Frozen:	No		
Definition of years:	Hours worked	Fractions based on:	N/A
Accrual credit:	<u>Continuing</u> 1000	<u>Died</u> 1000	<u>Disabled</u> 1000
		<u>Retired</u> 1000	<u>Terminated</u> 1000
			Precision: N/A
			Limit current credit to: N/A
Years based on:	Service	Cap/floor years:	0
Maximum past accrual years:	0.0000	Cap or floor:	Floor
Method:	Fractional	Accrual % 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 by frozen years:	Years not caps
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: 001

Schedule SB, Part V - Summary of Plan Provisions

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: 001

Schedule SB, Part V - Summary of Plan Provisions

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%	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 Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	0	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	No					Fractions based on:	N/A
Definition of years:	Hours worked						
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A
 Years based on:	Participation					Cap/floor years:	0
Maximum past accrual years:	0.0000					Cap or floor:	Floor
Method:	Unit accrual					Accrual % 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
Plan Number:	001

Plan Name	Chandra Venugopal MD, PA Defined Benefit Pension Plan and	EN:	65-1036205
Plan Sponsor's Name	Chandra Venugopal , MD, PA	PN:	001

[illegible]

Plan Name	Chandra Venugopal MD, PA Defined Benefit Pension Plan and	FIN:	65-1036205
Plan Sponsor's Name	Chandra Venugopal , MD, PA	PN:	001

[illegible]

Attachment to 2011 Form 5500

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

Plan Name	<u>Chandra Venugopal MD, PA Defined Benefit Pension Plan and</u>	EIN:	<u>65-1036205</u>
Plan Sponsor's Name	<u>Chandra Venugopal , MD, PA</u>	PN:	<u>001</u>

The weighted average retirement age is equal to the normal retirement age of 62 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

100% retire at age 62.

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Sponsor's Name	Chandra Venugopal , MD, PA	PN:	001
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[illegible]