Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

Short Form Annual Return/Report of Small Employee

Benefit Plan

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 12/3	1/2010	and ending	12/30/2	2011
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	n year return/report (less than 12 m	onths)	
С	Check box if filing under:	automatio	extension		DFVC program
	special extension (enter des				
Pa	art II Basic Plan Information—enter all requested in	. ,			
	Name of plan	mormation		1b	Three-digit
	THAKKER MD DEFINED BENEFIT PLAN				plan number 001
					(PN) ▶
				1c	Effective date of plan 01/01/2004
22	Plan apapagr's name and address (ampleyor if for single amp	alovor plan)		2h	Employer Identification Number
	Plan sponsor's name and address (employer, if for single-emp M. THAKKER PHYSICIAN PC	bloyer plani)		20	(EIN) 20-2546910
				2c	Plan sponsor's telephone number
	AST 9TH AVE VERSVILLE, NY 12078			0.1	518-725-6868
				2a	Business code (see instructions) 621111
3a	Plan administrator's name and address (if same as Plan spon	sor, enter "Same	e")	3b	Administrator's EIN
DILIF	P M. THAKKER PHYSICIAN PC 10 EAS	ST 9TH AVE ERSVILLE, NY 1			20-2546910
		-		3c	Administrator's telephone number 518-725-6868
4 1	f the name and/or EIN of the plan sponsor has changed since	the last return/re	port filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report. Sp		,		
				4c	
5a	Total number of participants at the beginning of the plan year			. 5a	3
b	Total number of participants at the end of the plan year			. 5b	3
С	Total number of participants with account balances as of the complete this item)		•	5c	
6a	Were all of the plan's assets during the plan year invested in				X Yes No
b	Are you claiming a waiver of the annual examination and repo	J	,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligi	•	,		Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information	use Form 5500-	SF and must instead use Form 5	500.	
			(a) Dentantan of Vern		(I) Ford of Voca
7	Plan Assets and Liabilities		(a) Beginning of Year	16	(b) End of Year
a h	Total plan assets Total plan liabilities			0	0
C	Net plan assets (subtract line 7b from line 7a)		13688		1644630
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
а	Contributions received or receivable from:		, ,		(b) Total
	(1) Employers	8a(1)	4100	00	
	(2) Participants	8a(2)		0	
	(3) Others (including rollovers)	8a(3)		0	
b	Other income (loss)	8b	-1341	86	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			275814
d	Benefits paid (including direct rollovers and insurance premiu to provide benefits)			0	
е	Certain deemed and/or corrective distributions (see instruction	ns) 8e		0	
f	Administrative service providers (salaries, fees, commissions)8f		0	
g	Other expenses	8g		0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				0
i	Net income (loss) (subtract line 8h from line 8c)	8i			275814
	Transfers to (from) the plan (see instructions)			0	

Fo	orm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		

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

b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Co	des in t	the instr	uctions	: :	
art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Am	ount	
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					100000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Χ				
е	insu	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 uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did 1	the 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		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	۷I	Pension Funding Compliance							
1	Is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X	Yes	No
2	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 I	ERISA?	[Yes	X No
	If a v	'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	th						
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			40h				
		r the minimum required contribution for this plan year		1	12b				
	Subt	r the amount contributed by the employer to the plan for this plan year	of a		12c 12d				
e	·	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	No	N/A
	VII	Plan Terminations and Transfers of Assets						_	
		a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
Ja				Г	13a		<u> </u>	103	
b	Were	es," enter the amount of any plan assets that reverted to the employer this year e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?						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.)	ne plai	n(s) to			_]	ш
1		Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
		,			. ,	. ,			()
aut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Inde B o	r pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/rep	ort, ir	cludin	g, if app			
	Fi	led with authorized/valid electronic signature. 10/12/2012 DILIP THAKKER							

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	DILIP THAKKER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/12/2012	DILIP THAKKER
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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

								ment to Form	5500 or	5500-SF.					
For	caler	ndar p	lan year 2010	or fiscal pla	an ye	ar beginning 12	2/31/2010			and end	ling 12/30)/201	1		
•	Rour	d off	amounts to	nearest dol	lar.										
•	Cauti	ion: A	penalty of \$	1,000 will be	asse	ssed for late filing o	of this repor	rt unless reas	onable ca	ause is establish	ed.				
A N	lame P TH	of pla AKKE	n R MD DEFIN	IED BENEF	IT PL	AN				B Three-di	git nber (PN)		•	001	
										pianinan	1501 (111)		<u>, </u>		
С	lan s	nonso	r's name as	shown on lir	e 2a	of Form 5500 or 55	00-SF			D Employer	Identificati	on N	umber ((FIN)	
			KER PHYSIC							20-2546910				(=,	
Εī	уре с	of plan:	X Single	Multiple	-A	Multiple-B	F	Prior year pla	an size:	100 or fewer	101-50	00	More	than 500	
Pa	rt I	Ba	asic Infori	mation											
1			valuation dat		М	onth <u>12</u> [Day <u>31</u>	Year <u>_</u>	2010	_					
2	Ass	ets:													
	а	Mark	et value								2a				1364992
	b	Actua	arial value								2b				1364992
3	Fun	iding t	arget/particip	ant count br	eakdo	own			(1) N	lumber of partic	pants		(2)	Funding Targe	et
	а	For r	etired partici	pants and be	enefic	iaries receiving pay	/ment	3a			0				0
	b	For t	erminated ve	ested particip	ants			3b			1				1452
	С	For a	active particip	oants:											
		(1)	Non-vested	benefits				3c(1)	1						2984
		(2)	Vested bene	efits				2 (2)	1		-				1179125
		(3)	Total active					3c(3)			2				1182109
	d	Tota	l								3				1183561
4	If th	e plan	is at-risk, ch	eck the box	and o	complete items (a) a	and (b)								
	а	Fund	ling target dis	regarding n	rescri	bed at-risk assump	tions				4a				
	b			0 0.		umptions, but disre					4b				
						ve years and disre					4D				
5	Effe	ective i	nterest rate.								5				4.75 %
6	Tar	get no	rmal cost								6				123235
	To the laccorda	best of nance with ation, of	h applicable law a	e information su and regulations.	In my c	n this schedule and accon pinion, each other assum ience under the plan.									
	IGN ERI												10/09/2	2012	
			· <u> </u>	Si	gnatu	re of actuary							Date	. <u></u>	
THE	ODO	RE AN	NDERSEN, M	1.A.A.A., MS	PA								11-020	034	
PEN	SION	I ASS	OCIATES	Туре	r prin	t name of actuary					Most re		enrollm 03-356-	nent number	
					Fir	m name				т	elephone r	numh	er (incli	uding area cod	le)
2001 STA	WES MFOI	ST MA RD, C	IN ST, STE 2 T 06902	230									(,
					Addre	ss of the firm				_					
If the	act	any ha	c not fully rof	locted on:	aula.	ion or ruling promu	ilaatad usd	lor the statute	in comple	oting this sabad	ılo obooli	the h	ox ooq		
instru		•	s not fully fet	iecieu any f	-guià	ion or ruing promu	ngat e d und	iei iiie statute	пт соптри	eung uns sched	ile, crieck	uie D	ox and	20C	Ш

age	2-	1

Pa	art II	Begir	ning of year	carryov	er and prefunding b	ala	nces							
	•			-				(a) (Carryover balance		(b)	Prefundi	ng balance	
7		-	•		cable adjustments (Item 1					0			215520	
8	Portion	used to	offset prior year's t	funding red	quirement (Item 35 from pr	rior	year)			0			0	
9	Amount	remainii	ng (Item 7 minus it	tem 8)						0	21552			
10	Interest	on item	9 using prior year'	s actual re	eturn of9.28 %					0			20000	
11	Prior ye	ar's exce	ess contributions to	o be added	d to prefunding balance:									
	a Exce	ess conti	ributions (Item 38 f	from prior	year)								125404	
	b Inter	est on (a	a) using prior year	's effective	e rate of5.30 %								6646	
					year to add to prefunding ba								132050	
	d Portion of (c) to be added to prefunding balance													
12					emed elections					0			0	
					+ item 10 + item 11d – itei					0			235520	
	art III		ding percenta	·						<u> </u>				
												14	95.42 %	
					~~							15	115.32 %	
16					ges of determining whether ca								710.02 %	
10	-				or determining whether ca	-		-				16	88.86 %	
17	If the cu	rrent val	ue of the assets o	f the plan i	is less than 70 percent of t	he t	funding targ	et, enter s	such percentage			17	%	
P	art IV	Con	tributions and	d liquidi	ty shortfalls									
18	Contribu	utions ma	ade to the plan for	the plan y	rear by employer(s) and er	nplo	oyees:							
(N	(a) Date 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		(a) Da (MM-DD-)		(b) Amount pa employer(-	(-	nt paid by oyees	
07	7/27/2011			75000	(0								
09	9/04/2012			190000	()								
11	/30/2011			100000	()								
09)/14/2012			45000	()								
							Totals ▶	18(b)		410000	18(c)		0	
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan wit	h a	valuation da	ate after th	ne beginning of the	e year:				
					imum required contribution				İ	19a			0	
					djusted to valuation date					19b			0	
					uired contribution for curren					19c			385783	
20			outions and liquidit	•										
-					the prior year?								Yes X No	
		•	_		stallments for the current ye							<u></u>	Yes No	
				•	ete the following table as			,					<u>. L </u>	
	2 230	,		pi	Liquidity shortfall as of			of this pla	ın year					
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th	1	

Pa	rt V Assumptio	ons used to determine	e funding target and t	arget no	rmal cost			
21	Discount rate:							
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %		3rd segment: 6.45 %		N/A, full yield curve	used
	b Applicable month	(enter code)				. 21b		0
22	Weighted average ret	tirement age				. 22		62
	Mortality table(s) (see		Prescribed - combined		ibed - separate	Substitut	te	
Pa	rt VI Miscellane	ous items						
	Has a change been m	nade in the non-prescribed	actuarial assumptions for the	•	•		~ ~ . —	No No
25			plan year? If "Yes," see ins				=	No
26			ive Participants? If "Yes," se					X No
	If the plan is eligible for	or (and is using) alternative	funding rules, enter applicab	ole code and	d see instructions	27		
Pa	rt VII Reconcilia	ation of unpaid minir	num required contrib	utions fo	r prior years			
28			r years			. 28		0
29	Discounted employer	contributions allocated tow	ard unpaid minimum required	d contribution	ons from prior years	29		0
30	,		contributions (item 28 minus			. 30		0
		required contributio	•	<u> </u>		1		
31		•	nstructions)			. 31		123235
	Amortization installme				Outstanding Bala	_	Installment	
-					<u> </u>	0		0
						0		0
33	If a waiver has been a	approved for this plan year,	enter the date of the ruling le	etter grantin	•	. 33		0
34	• •	0 ,	over/prefunding balances (ite			. 34		123235
			Carryover balanc	е	Prefunding bala	ince	Total balance	
35	Balances used to offs	set funding requirement		0		0		0
36	Additional cash requir	rement (item 34 minus item	35)			. 36		123235
37			d contribution for current year	,	valuation date	. 37		385783
38	Interest-adjusted exce	ess contributions for current	t year (see instructions)			. 38		262548
39			t year (excess, if any, of item			. 39		0
40		uired contribution for all vea				40		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Leber Employee Benefits Security Administration Penalon Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

调品	Annual Report Identification Information		·			
	the calendar plan year 2010 or fiscal plan year beginning	12/31	/2010	and ending	12	/30/2011
Α	This return/report to for: 🔀 single-emptoyer plan	multiple-em	ployer plan (no	t multiemployer)		one-participant plan
В	This return/report is for: first return/report	final return/	report			
	an amended return/report	short plan y	/egr retum/repo	rt (less than 12 month	s)	
_	Check box If filing under: 💢 Form 5558	automatic e			ĹГ	DFVC program
_	special extension (enter description)	•	77.00.10.0			
History						
	Basic Plan Information enter all requested information	mation.	<u> </u>		1h :	Three-digit
1a						olan number
	Dilip Thakker MD Defined Benefit Plan					(PN) ► 001
						Effective date of plan
<u>2a</u>	Plan sponsor's name and address (employer, if for single-employer pla	ın)				mployer Identification Number
	Dilip M. Thakker Physician PC					EIN) 20-2546910
	10 7					Plan sponsor's telephone number
	10 East 9th Ave					(518) 725-6868 Business code (see instructions)
	Gloversville NY 12078					521111
Зa	Plan administrator's name and address (if same as plan employer, enti-	er "Same")			3Ь /	Administrator's EIN
	Same					
					3¢ /	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repor	t filed for this pl	an, enter the	4b	EIN
	name, EIN and the plan number from the last return/report. Sponsor's I	Neme			4c	PN
5a	Total number of participants at the beginning of the plan year		, .		5a	3
b	Total number of participants at the end of the plan year				5b	3
Ċ	Total number of participants with account balances as of the end of the				5c	
6a	complete this item) Were all of the plan's assets during the plan year invested in eligible as			<u> </u>		X Yes No
b	Are you claiming a waiver of the annual examination and report of an in	•	•			
	under 29 CFR 2520.104-46? (See instructions on walver aligibility and	conditions.)	·	<i>.</i>		XYes □No
a	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF at	nd must instea	d use Form 5500.		
	Financial Information					
7	Plan Assets and Liabilities		(a) Be	ginning of Year	_	(b) End of Year
a	Total plan assets	, <u>7a</u>		1,368,816	+-	1,644,630
b	Total plan liabilities	. 7Ь			+	0
은	Net plan assets (subtract line 7b from line 7a)	. 7c		1,360,016	_	1,644,630
8	Income, Expenses, and Transfers for this Plan Year		(e) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		410,000		
	(2) Participants	. 8a(2)		0		
	(3) Others (Including rollovers)	. 8e(3)		0		
b		. 6b		(134,186)		
¢	Total Income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. Bc				275,814
d	Benefits paid (including direct rollovers and insurance premiums					, and the second
_	to provide benefits)	- <u>8d</u>		0		
6	Certain deemed and/or corrective distributions (see instructions)	. 80			- 6	
[Administrative service providers (salarles, fees, commissions) Other expenses	. 8f				
9		, <u>6</u> g	* * <u>* * </u>		i	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	- <u>8h</u>	i I			0 275,814
!	Net Income (loss) (subtract line 8h from line 8c)	· 81				275,614
	Transfers to (from) the plan (see instructions)	. 8j		0		The second secon

	Form 5500-SF 2010	Р	age 2-		_				
	Plan Characteristics	_							
	If the plan provides pension benefits, enter the applicable pension feat	ture codes from the List	of Plan Charac	teriatic Co	des in	the in	etructions:		
	1A								
b	If the plan provides welfare benefits, enter the applicable welfare feature	ire codes from the List o	if Plan Characte	eristic Cod	les in t	he inst	ructions;		
ggg:	Compliance Questions								
	•				Yes	No		Amount	
10	During the plan year: Was there a fallure to transmit to the plan any participant contribution	n within the time period	described in					AIII O GIIL	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ıry Correction Program)		, 10a	<u> </u>	ж			
ţ	Were there any nonexempt transactions with any party-in-interest? (1		. 10b		ж			
	on line 10ė.)			100	x				100,000
9				100				•	100,000
C	Did the pien have a loss, whether or not reimbursed by the plan's floor dishonesty?			- 10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other	nerenna by an inaurance	carrier.						
_	insurance services or other organization that provides some or all of			40-		x			
	instructions.)					х			
Т	Has the plan failed to provide any benefit when due under the plan?								
9	• • • • • • • • • • • • • • • • • • • •	•		- 10g		х			
r	If this is an individual account plan, was there a blackout period? (Si 2520.101-3.)			. 10h		x			
î	If 10h was answered "Yes," check the box if you either provided the	required notice or one	of the						
西湖	exceptions to providing the notice applied under 29 CFR 2520.101-	<i></i>		. [10]	 				
111	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Yes " see Instru	ctions and com	niete Schr	edule S	SB (Fo	m.		
<u></u>	5500))	•					····	X Yes	□No
12	is this a defined contribution plan subject to the minimum funding re	quirements of section 4	12 of the Code	or section	302 o	f ERIS	Α? .	. Yes	X No
	(If "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applical	•							
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver						ite of the let '		
fi	you completed line 12a, complete lines 3, 9, and 10 of Schedule N					- Cay			
k	Enter the minimum required contribution for this plan year				. [12b		'	
c	Enter the amount contributed by the employer to the plan for this pla	ın year			. [12c			
C					Γ	12d			
_	negative amount)				٠ ـ		Yes	□No	□N/A
foregree d	Will the minimum funding amount reported on line 12d be met by the				<u> </u>		L res		<u> </u>
	Plan Terminations and Transfers of Assets							Yes	Tre No.
13a	Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the em				· Ļ	45-		. Lites	[X]NO
		· · · · · · · · · · · · · · · · · · ·	4 4 1 1			13 <u>a</u>			
	Were all the plan assets distributed to participants or beneficiaries, tof the PBGC?		an, or brought u	inder the i	control			. \square Yes	X No
Ç		n this plan to another pla	n(s), Identify th	e plan(s) i	to				
	which assets or liabilities were transferred. (See instructions.)								
_	13c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(a)
				- 1					
	• • •					_		-	
								<u> </u>	
Cau	ion: A penalty for the late or incomplete filing of this return/report	will be assessed unle	ss reasonable	cause is	estab	liehed			
Unde	or penalties of perjury and other penalties set forth in the instructions, I	declare that I have exar	nined this return	n/report, ir	ndudin	g, if ap	pplicable, a	Schedule	
SB c belie	r Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.	e the electronic version (かつ 101571	of this return/re	port, and	to the I	best of	my knowle	dge and	
	monumon	1245	Dilip The	kker *	d. D				
	Rignature of plan administrator	Date	Enter name of			10 99 7	ılan adminis	trater	
齫	manuson	10/5/12	Dilip Tha			-0 1	erest i member e tre tre	WIWI	
	Signature of employer/plan aponeor	Date	Enter name of			na ée s	mnlover or	nian eners	
	- British - British				- 6(8)	900	ipioyot of	Pierr aboug	Ψ'

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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

2010

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2010

v.092308.1

	F The do all accomment to t			<u> </u>			
For	calendar plan year 2010 or fiscal plan year beginning 12/31/2010		and en	ding	12/30	/2011	
	ound off amounts to nearest dollar. aution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable ca	use is esta	blished.			
A	ame of plan			B Three-	•		
	Dilip Thakker MD Defined Benefit Plan			plan ni	ımber (PN) 🕨	001
				D = -			N 1 /EIN
C	lan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ		,				n Number (EIN)
	Dilip M. Thakker Physician PC		:		54691	0	
\$500 money \$100		ear plan siz	ze: 🗓 100	or fewer	101	-500	More than 500
Par							
_1	Enter the valuation date: Month 12 Day 31	Year	2010				
2	Assets:						100 miles
	a Market value				2a		1,364,992
	b Actuarial value	· · · · · ·			2b		1,364,992
3	Funding target/participant count breakdown		(1) Num	ber of partic	pants	((2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a		0			0
	b For terminated vested participants	3b		1			1,452
	C For active participants:	0 (4)	-				2 224
	(1) Non-vested benefits	3c(1)	-				2,984
	(2) Vested benefits	3c(2)					1,179,125
	(3) Total active	3c(3)		2 3			1,182,109
	C Total	3d		3			1,183,561
4	If the plan is at-risk, check the box and complete lines a and b a Funding target disregarding prescribed at-risk assumptions		•••		4a		
	b Funding target disregarding prescribed at-risk assumptions, but disregarding transition rule for		t have bee	• • • • • • • • • • • • • • • • • • •	74		
	at-risk for fewer than five consecutive years and disregarding loading factor	•			4b		
 5	Effective interest rate				5		4.75
6	Target normal cost	· · · · · ·		· · · · ·	6		123,235
	ement by Enrolled Actuary						,
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attac accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.	hments, if any, is experience of the	s complete and a e plan and reasor	ccurate. Each pres nable expectations)	ribed assum and such o	nption was a other assum	applied in ptions, in
	SN ~l b				10/0	9/201	.2
	Signature of actuary					Date	
	Theodore Andersen, M.A.A.A., MSPA					-0203	
	Type or print name of actuary			Most re	ecent e	nrollme	nt number
	Pension Associates			(203)	356	<u>-0306</u>	
	Firm name		-	Telephone n	umber ((includir	ng area code)
	2001 West Main St, Ste 230						
US	S Stamford CT 06902						
	Address of the firm						
If the	actuary has not fully reflected any regulation or ruling promulgated under the statut	e in comple	eting this so	chedule che	ck the h	nox and	see
	ctions	Joinpic				unu	

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

Part II Begini	ning of year carryover a	nd prefunding balances						
			(a)	Carryover balance	(b) P	refunding	balance -	
7 Balance at be	ginning of prior year after an	plicable adjustments (item 13 from						
			1	. 0			215	,520
,		requirement (item 35 from prior yea		0				0
				0			215	,520
		return of <u>9.28</u> %		0			20	,000
	cess contributions to be add							-
•		r year)					125	,404
		ve rate of5.30_%					6	,646
		olan year to add to prefunding balar	E0000000000000000000000000000000000000				132	,050
		nding balance						0
		deemed elections		0				0
		9 + item 10 + item 11d - item 12).		0			235	,520
	ling percentages		·					
(80000000000000000000000000000000000000						. 14	95.42	%
	AMPANOTA III III III III III III III III III I	tage					115.32	%
16 Prior year's fu	nding percentage for purpos	es of determining whether carryove	r/prefunding balan	ices may be used to redu	ce			
current vear's	funding requirement					. 16	88.86	%
		in is less than 70 percent of the fund				. 17	*	%
Part IV Cont	ributions and liquidity s	hortfalls						
18 Contributions	made to the plan for the the	plan year by employer(s) and empl	oyees:					
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	unt paid by	
(MM-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY)	employer(s)			oyees	
07/27/2011	75,00	00	11/30/2011	100	,000			
09/04/2012	190,00	00	09/14/2012	45	,000			
		·						
			Totals ► 18(b)	410	,000 18	8(c)		(
19 Discounted er	mployer contributions see	instructions for small plan with a val	uation date after th	ne beginning of the year:_				
a Contribution	ons allocated toward unpaid	minimum required contribution from	prior years		19a			0
b Contribution	ons made to avoid restriction	s adjusted to valuation date			19b			0
c Contribution	s allocated toward minimum re	quired contribution for current year adjus	sted to valuation date		19c		385	<u>,783</u>
20 Quarterly con	tributions and liquidity shortf	all(s):						
		for the prior year?				. □Yes	X No	
b If 20a is "Y	es," were required quarterly	installments for the current year ma	ade in a timely mar	nner?		• Yes	No	
c If 20a is "Y	es," see instructions and co	mplete the following table as application						
	···	Liquidity shortfall as of e				-		
	(1) 1st	(2) 2nd	(3) 3rd		(4)	4th		
	•	_						
		-						

Part V Assumptions used to de	etermine fundi	ing target and target nor	mal cost				
21 Discount rate:							
a Segment rates: 1st segm		2nd segment	3rd segment	-	N/A, full yield curve used		
3.1	L4 %	5.90 %	6.45 %				
b Applicable month (enter code)				21b	0		
22 Weighted average retirement age .				22	62		
23 Mortality table(s) (see instructions)	X Preso	cribed combined	Prescribed separate	s	ubstitute		
Part VI Miscellaneous items							
24 Has a change been made in the no	n-prescribed act	uarial assumptions for the cu	rrent plan year? If "Yes," see	e instr	ructions regarding required		
25 Has a method change been made	for the current pla	an year? If "Yes," see instruc	tions regarding required atta	chme	ent Yes x No		
26 Is the plan required to provide a Sc	hedule of Active	Participants? If "Yes," see in	structions regarding required	d attac	chment Yes X No		
27 If the plan is eligible for (and is usin	g) alternative fur	nding rules, enter applicable	code and see instructions				
regarding attachment				27			
Part VII Reconciliation of unpa							
28 Unpaid minimum required contribut	tion for all prior ye	ears		28	0		
29 Discounted employer contributions	allocated toward	l unpaid minimum required c	ontributions from prior years				
				29	0		
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)				30	0		
Part VIII Minimum required con	tribution for c	urrent year			•		
31 Target normal cost, adjusted, if app	olicable (see instr	ructions)		31	123,235		
32 Amortization installments:			Outstanding Balance		Installment		
a Net shortfall amortization installment			0				
b Waiver amortization installment				0	0		
33 If a waiver has been approved for t			r granting the approval				
(Month Day) and the waived		33	0		
34 Total funding requirement before re							
(item 31 + item 32a + item 32b - ite		· -		34	123,235		
		Carryover balance	Prefunding Balance		Total balance		
35 Balances used to offset funding red	quirement	0		0	0		
36 Additional cash requirement (item 34 minus item 35)			36	123,235			
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date							
(item 19c)			37	385,783			
38 Interest-adjusted excess contributions for current year (see instructions)			38	262,548			
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)				39			
40 Unpaid minimum required contribution for all years			40				
	·····						

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

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

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

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are 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) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %		
Segment 1	0 - 5	3.14		
Segment 2	6 - 20	5.90		
Segment 3	> 20	6.45		

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

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

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:

Asset Valuation Method:

Pre-Retirement - Interest -8.5%

Post-Retirement - Interest -8.5%

> 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, Part V Summary of Plan Provisions

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

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

Employer: Dilip M. Thakker Physician PC

Type of Entity - S-Corporation

EIN: 20-2546910 TIN: 20-2038187 Plan #: 001

Dates: Effective - 1/1/2004 Year end - 12/30/2011 Valuation - 12/31/2010

Top Heavy Years - 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

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

Retirement: Normal - Attainment of age 62 and completion of 10 years of participation

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 graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula

not less than 10% of average monthly compensation per year

of participation limited to 10 year(s)

B not less than 2% of average monthly compensation per year of

participation 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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum:0% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Schedule SB, Part V Summary of Plan Provisions

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

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

Vesting Schedule:	Years	Percent		
	0.4	Ο0/		

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

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on Actuarial Equivalence only

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.67
Segment 2	6 - 20	4.62
Segment 3	> 20	5.59

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

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 19 - Discounted Employer Contributions

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

For the plan year 12/31/2010 through 12/30/2011 Valuation Date: 12/31/2010

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	7/27/2011	\$75,000					
Applied to Quarterly Contribution	4/14/2011	27,728	26,648	0	27,728	4.75	9.75
Applied to Quarterly Contribution	7/14/2011	27,728	26,960	0	27,728	4.75	9.75
Applied to Quarterly Contribution	10/14/2011	19,544	19,034	0	19,544	4.75	0
Deposited Contribution	11/30/2011	\$100,000					
Applied to Additional Contribution	12/31/2010	47,163	45,202	0	0	4.75	0
Applied to MRC	12/31/2010	16,925	16,221	0	0	4.75	0
Applied to Quarterly Contribution	10/14/2011	8,184	7,797	0	8,184	4.75	9.75
Applied to Quarterly Contribution	1/14/2012	27,728	26,575	0	27,728	4.75	0
Deposited Contribution	9/4/2012	\$190,000					
Applied to Additional Contribution	12/31/2010	190,000	175,769	0	0	4.75	0
Deposited Contribution	9/14/2012	\$45,000					
Applied to Additional Contribution	12/31/2010	45,000	41,577	0	0	4.75	0
Totals for Deposited Contribution		\$410,000	\$385,783	\$0	\$110,912		

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

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001 For the plan year 12/31/2010 through 12/30/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.