	Form 5500-SF		eturn/F Benefit	Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employed	<u>م</u>	2	2011
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500	0-SF.	118	pection
		entification Information	4	م منامعة المحم	0/04/	2044	
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201		.	2/31/2		
	This return/report is for:		•	-employer plan (not multiemployer)		a one-partici	pant plan
B	This return/report is:	the first return/report		eturn/report			
_				in year return/report (less than 12 mo	onths)	_	
C	Check box if filing under:	Form 5558		extension		DFVC progra	im
		special extension (enter descriptio	,				
		nation—enter all requested information	ation		16	The second state	
	Name of plan J S. BANGARU PENSION PLAN	N			D	Three-digit plan number	
DADC	O. BANGAROT ENGIGITTEA	•				(PN) ►	002
					1c	Effective date o	f plan
0-						01/01	
	Plan sponsor's name and addre J S. BANGARU, MD PC	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 13-33	fication Number 55383
175 F	PEACH DRIVE				2c	Sponsor's telep 516-48	
	THILLS, NY 11576				2d	Business code (62111	see instructions)
	Plan administrator's name and J S. BANGARU, MD PC	address (if same as plan sponsor, er 175 PEACH E	DRIVE		3b	Administrator's 13-33	EIN 355383
		EAST HILLS,	NY 11576		3c	Administrator's 516-484	telephone number 4-0279
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name	ier nom the last return/report.			4c	PN	
		the beginning of the plan year			5a		2
b	Total number of participants at	the end of the plan year			5b		2
С		count balances as of the end of the p	• •	•	5c		
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of th	e annual examination and report of a	an indepen	ident qualified public accountant (IQF	PA)		
		See instructions on waiver eligibility a					X Yes No
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	5111 5500-	SF and must instead use Form 550			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а			7a	993889			1189120
b	Total plan liabilities		7b	0			0
С	Net plan assets (subtract line 7	′b from line 7a)	7c	993889			1189120
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	Fotal
а	Contributions received or recei		0-(1)	200000			
			8a(1)	0	_		
			8a(2)	0	-		
b)	8a(3) 8b	-4769			
C	()	8a(2), 8a(3), and 8b)	80				195231
d		ollovers and insurance premiums					
	to provide benefits)	· · · · · · · · · · · · · · · · · · ·	8d	0			
е		ive distributions (see instructions)	8e	0			
f	Administrative service provider	s (salaries, fees, commissions)	8f	0	_		
g	•		8g	0			
h							
!		e 8h from line 8c)		0			193231
J	i ransters to (from) the plan (se	e instructions)	8j	0			

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

Page 2 - 1

Part IV Plan Characteristics

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No	ļ	Amount		
а	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)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
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.)								
f	Has the plan failed to provide any benefit when due under the plan?		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)).					X Yes No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	🗌 Yes X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver							
lf y	ou 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				
С	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 onegative amount)			12d				
е	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?			Ŷ	′es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?					Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		130	c (2) El	N(s)	13c(3) PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ise is	establ	ished.	•		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.							

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.	10/12/2012	DEBRA NEWALLO			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

	SCHEDULE SB Single-Employer Define									d Ben	Benefit Plan OMB No. 1210-0110					0-0110							
		(Fo	rm	5500))			•				Inform									2011		
				the Treasu				-												-	-011		
		Depa	rtmer	t of Labor				This schedule Retirement Inco										т	hie F	orm	is One	n to Pu	blic
				ecurity Adm aranty Cor								ue Code (th					-		1113 1		spection		biic
												nt to Form	5500 or 5	5500)-SF.								
								ear beginning	0	1/01/20	11				and en	ding	g 12/3	31/20)11				
						earest do																	
-			· ·	alty of \$	1,0	000 will be	e asse	essed for late f	iling o	f this re	eport u	inless reas	onable ca										<u> </u>
	Name BU S.			U PENS		N PLAN								В	Three-c	•					0	02	
															plan nu	mpe	er (PN)		•				
						own on li	ne 2a	of Form 5500	or 55	00-SF				D	Employe	er Id	entifica	tion I	Numb	ber (E	IN)		
BA	3U S.	BANC	SAR	U, MD P	C									1	3-3355383	3							
						_																	
E .	Type of	f plan:	X	Single		Multiple	ə-A	Multiple-B			FP	rior year pla	an size: 🗙	10	0 or fewer		101-5	00	Mo	ore th	an 500		
P	art I	Ba	asio	: Infor	ma	ation																	
1	Ente	er the	valu	ation da	te:		N	1onth 01	[Day	01	Year_	2011	_									
2	Asse	ets:								-													
	а	Mark	et va	alue													2a						984490
	b	Actua	arial	value													2b						984490
3	Fund	ding t	arge	t/particip	ban	nt count b	reakd	lown:					(1) Nu	umb	er of parti	cipa	ants			(2) F	unding	Target	
	а	For r	etire	d partici	ipa	nts and b	enefi	ciaries receivin	g pay	ment		3a					0						0
	b	For t	ermi	nated ve	est	ed partici	pants					3b					0						0
	С	For a	activ	e particij	par	nts:																	
		(1)	Nor	-vested	be	enefits						3c(1)											2380
		(2)	Ves	ted bene	efit	s						3c(2)											1006786
		(3)	Tota	al active								3c(3)					2						1009166
	d	Tota	l									3d					2						1009166
4	lf the	e plan	is ir	n at-risk	sta	atus, chec	k the	box and comp	lete li	nes (a)	and (I	o)											
			0	0		0 01		ibed at-risk as	•								4a						
	b		-	-		-		sumptions, but					•				4b						
5	Effo									0		, 0			<u></u>		5						5.32 %
6																	6						73557
		/		lled Act													•						
	To the b	est of n	ny kno	wledge, th	ne in	formation su		in this schedule and opinion, each other															
								erience under the pl			asunaui	e (laking into a	ccount the ex	xpene	ence or the pr	anai	iu reason	able e.	xpeciai	.iuiis) a		lilei assu	imptions, in
ç	SIGN																						
H	IERE	:																	10/ [,]	10/20	12		
						S	Signat	ure of actuary						-					Da	te			
DA\	ID PA	VEL												_					11	-0268	9		
						Туре	or pri	nt name of actu	uary								Most r	ecen	nt en r	ollme	nt num	ber	
APS	PENS	SION	& Fl	NANCIA	۹L S	SERVICE	S							_					516	6-228	-8444		
					_		Fi	irm name								Tele	ephone	num	ber (i	ncluc	ling are	a code)
) WOC			RD, STE 1797	= 31	10																	
							Addr	ess of the firm						-									
lf the	actus	irv ha	s no	t fully re	fler	cted any	require	ation or ruling p	nomu	laated i	Inder	the statute	in comple	ting	this sche	dule	check	tho	hova	and e	20		
instr	uctions	S		-		-				-			-	_									
For	Paper	work	Red	uction	Act	t Notice a	and C	OMB Control N	lumb	ers, se	e the i	instructior	is for For	m 5	500 or 55	00-9	SF.		Sch	edul	e SB (F	orm 5	500) 2011 v.012611

Pa	art II	Beginning of year	carryove	er and prefunding bal	ances							
						(a) (Carryover balance		(b) P	refundir	ng balance	
7				cable adjustments (line 13 fr				0				0
8			,	unding requirement (line 35				0				0
9	Amount	remaining (line 7 minus li	ne 8)					0				0
10	Interest	on line 9 using prior year'	s actual ret	urn of%				0				0
11	Prior yea	ar's excess contributions t	o be addeo	d to prefunding balance:								
	a Pres	ent value of excess contri	butions (lin	e 38 from prior year)							1416	00
				rate of <u>5.39</u> % except							76	32
	c Total	available at beginning of c	urrent plan	year to add to prefunding bala	nce						1492	32
	d Porti	on of (c) to be added to p	refunding b	alance							1492	.32
12	Other re	ductions in balances due	to election	s or deemed elections				0			1492	32
13	Balance	at beginning of current ye	ear (line 9 -	⊦ line 10 + line 11d – line 12)				0				0
Р	art III	Funding percenta	ages									
14	Funding	· · · ·	•							14	97.55	%
-				ge						15	97.55	%
-	Prior yea	ar's funding percentage fo	r purposes	of determining whether car	yover/pref	unding balan	ices may be used t	o reduce	е	16	81.06	%
17	If the cu	rrent value of the assets of	of the plan i	s less than 70 percent of the	funding ta	rget, enter s	uch percentage			17		%
P	art IV	Contributions an	d liquidi	ty shortfalls								
				ear by employer(s) and emp	lovees.							
	(a) Date	e (b) Amount p	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount pai employer(s		(c	Amour emplo	nt paid by	
· · · ·	/15/2012	, , , , , , , , , , , , , , , , , , , ,	200000	0	,	,		,		'	<u>,</u>	
									1			
									1			
									1			
					Totals <	18(b)	:	200000	18(c)			C
19	Discoun	ted employer contribution	s – see ins	tructions for small plan with a	a valuation		e beginning of the	vear:				_
				imum required contributions				19a				0
	_		•	djusted to valuation date		•		19b				0
				uired contribution for current y			_	19c			179	788
20		y contributions and liquidi						100				
20			-	,. the prior year?						X	Yes 🗌 N	10
				tallments for the current yea								10 10
			•	-		a amery man		Γ		······		.0
	U If 20a	is res, see instructions	anu compi	ete the following table as ap Liquidity shortfall as of er		er of this nla	n vear					
		(1) 1st		(2) 2nd			3rd			(4) 4th		
		0			0		C					0

Page **3**

Ра	rt V	Assumptio	ns used to determine	funding target and targe	et normal cost					
21	Disco	unt rate:								
	a Se	gment rates:	1st segment: 3.14%	2nd segment: 5.90%	3rd segment 6.45 g		N/A, full yield curve used			
	b Ap	plicable month	(enter code)			. 21b	1			
22	Weigh	ited average ret	irement age			. 22	62			
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined	Prescribed - separate	Substitu	te			
Ра	rt VI	Miscellaneo	ous items							
24		-		tuarial assumptions for the curr						
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instructi	ons regarding required atta	chment	Yes 🛛 No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	tructions regarding required	d attachment	Yes 🗙 No			
27	 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions 27 									
Ра	rt VII	Reconcilia	ation of unpaid minimu	um required contributio	ns for prior years					
28	Unpai	d minimum requ	ired contributions for all prior	years		28	0			
29				d unpaid minimum required cor		. 29	0			
30	Rema	ining amount of	unpaid minimum required co	ntributions (line 28 minus line 2	9)	30	0			
Ра	rt VIII	Minimum	required contribution	for current year						
31	Targe	t normal cost ar	nd excess assets (see instruc	tions):						
	a Tar	get normal cost	(line 6)			. 31a	73557			
	b Exc	cess assets, if a	pplicable, but not greater thar	n 31a		. 31b	0			
32	Amort	ization installme	ents:		Outstanding Bal	ance	Installment			
	a Net	t shortfall amorti	zation installment			24676	11219			
	b Wa	iver amortizatio	n installment			0	0			
33				nter the date of the ruling letter () and the waived amour		. 33	0			
34	Total f	funding requiren	nent before reflecting carryov	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33).	. 34	84776			
				Carryover balance	Prefunding bala	ance	Total balance			
35			use to offset funding		0	0	0			
36	Additio	onal cash requir	ement (line 34 minus line 35)			. 36	84776			
37				ontribution for current year adju		. 37	179788			
38	Prese	nt value of exce	ss contributions for current ye	ear (see instructions)						
	a Tot	al (excess, if an	y, of line 37 over line 36)			. 38a	95012			
	b Por	rtion included in	line 38a attributable to use of	f prefunding and funding standa	rd carryover balances	. 38b	0			
39	Unpai	d minimum requ	ired contribution for current y	ear (excess, if any, of line 36 o	/er line 37)	. 39	0			
40	Unpai	d minimum requ	ired contributions for all years	3		. 40				
Pa	rt IX	Pension f	unding relief under Pe	ension Relief Act of 201	0 (see instructions)					
41	If a sh	ortfall amortizati	on base is being amortized p	ursuant to an alternative amorti	zation schedule:					
	a Sch	edule elected					2 plus 7 years 15 years			
	b Eligible plan year(s) for which the election in line 41a was made									
42	Amour	nt of acceleration	n adjustment			. 42				
				ed over to future plan vears		. 43				

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

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

Valuation Date:	1/1/2011	
Funding Method:	As prescribed in IRC	C Section 430
Age	- Eligibility age at last	birthday and other ages at nearest birthday
	New participants are	e not included in current year's valuation
Retrospective Compensation	- Highest 3 consecutiv	ve years of service
Form of Payment	the greater of the pre Applicable Mortality equivalence discour exceed 415 maximu	ayment for funding is lump sum equivalent of normal form. Funding Target for lump sum is esent value of accrued benefit computed using funding segment rates and 417(e) Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial nted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not im allowable distribution, which is the lesser amount computed using a) 5.5% interest and ality Table or b) plan actuarial equivalence interest and mortality
Interest Rates		ne First Month Prior to Val nder 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 -	-	11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)
	Cost of Living -	None
	Lump Sum -	I83M - 1983 Individual Annuity (male) at 5% or
		11E - 2011 Applicable Mortality Table for 417(e) (unisex)
Asset Valuation Method:	Fair market value of	assets adjusted for contributions under IRC 430(g)(4)
Discrimination Test Assumption	<u>ns:</u>	
HCE Determination -	Based on all employ	/ees
Otherwise Excludable -	Otherwise Excludab	le HCEs are included with the Not Otherwise Excludable employees
410(b)/401(a)(4) Testing:		
Pre-Retirement -	Interest -	8%
Post-Retirement -		8% G83M - 1983 Group Annuity (male)
Permissively Aggregated Plans -	Not tested As Single	e Plan
Compensation -	Use current comper	sation to calculate the benefit accrual rate (annual method)
Testing Age -	Normal retirement a	ge or attained age, if older
Normal Form for MVAR -	Joint with 50% Surv	ivor Benefits

Form 5500-SF	Short Form Annual Re	eturn/Re	eport of Small Employe	e	CMB Nos. 1210-0110 1210-0089
Department of the Treatury Internal Revenue Service	This form is required to be filled	d under sec	tions 104 and 4065 of the Employe	• -	2011
Department of Lebor Employee Banetits Security Administration	Rothroment Income Security Act o	of 1974 (ER):	SA), and section 6057(b) and 6056(Code (the Codo).	a} of -	This Form is Open to Public
Pension Benefit Guisrenty Corporation			the Instructions to the Form 5500	SF.	Inspection
	rt Identification Information				
or the calendar plan year 2011		01/01/		<u> </u>	31/2011
A This return/report is to:	z a single-employer plan		mptoyer plan (not mu'llamployar)	U	a one-participant plan
B. This return/report is:	the first return/report	the final retu	•		
	an aménded return/report	•	year return/report (less than 12 mon	· _	
C Check box If filing under:	2 Form 5558	automatic e	xtension		DPVC program
	special extension (onter description))			
	formation - enter all requested infor	mation.	· · · · · · · · · · · · · · · · · · ·		
1a Name of plan					n sa- digit an number
BABO S. BANGARU PE	nsion fran				N) ► 002
					fective date of plan L/01/2003
2a Plan snonsor's name and f	address, include room or suite number (em	plover, if for	single-employer plan)		nployer Identification Number
BABU S. BANGARU, M					IN) 13-3355383
			ſ	2C PI	an sponsor's lelephone number
175 PRACH DRIVE					516) 484+0279
					usiness code (see instructions) 21111
09 BAST HILLS	NY 11576 and address (If same as pian sponsor, anu	v "Seme"			Iministrator's EIN
Same	and address in same as horrebouser, and	et Jakina j			
			Ì	3C A	dministrator's lelophone number
	he plan sponsor has changed since the las		d find for this plan, order the	4b Ei	N
4 if the name and/or EIN of I name, EIN, and the plan nu	ne plan sponsor has changed since the las umber from the last return/report.	a returnitebo	n neo loi tras plan, anter tra		
& Sponsor's Nama		-			
	is at the beginning of the plan year			5a 5b	2
	h account balances as of the end of the pla				······································
complete this item)	<u> </u>	•. •. • •	. <u></u> <u></u>	<u>5c</u>	
5a Were all of the plan's asset	ts during the plan year invested in eligible a of the annual examination and report of an	issels7 (See			XYes No
D Are you claiming a waiver i under 29 CFR 2520.104-41	of the annual examination and report of an 87 (See instructions on waiver eligibility and	andependent d conditions.			XYes No
	alther 6a or 6b, the plan cannot use Form				
Part III Financial Info	ormation			- 	
7 Plan Assets and Liabilities			(a) Beginning of Yoar		(b) End of Year
a Totel plan assots		·?	993,889	╉┈┯╸	1,199,120
b Total plan Sabilities -		· 7Þ	0		0
C Net plan assets (subject li		. 76	99 <u>3,</u> 889 (a) Amount	+	<u>1,169,120</u> (b) Total
8 Income, Expenses, and Tri 8 Contributions received or n		}		+	
(1) Employers		· 8=(1)	200,000		
(2) Participanta		· 8e(2)	0	4	· ,
(3) Others (including rollow b Other income (has)	•	· <u>5a(3)</u> . 9b	(4,769)	-	· · · · · · · · · · · · · · · · · · ·
D Other Income (Issa)		. 8c		1	195,231
C Total jecome /edid lines An	red rollovers and insurance premiums	· · · · ·		1	
C Total income (add lines 8a d Benefits paid (including din		. <u>8d</u>	<u> </u>	-	
d Benefits paid (including dir to provide benafits)		. 80		-	
 d Benefits paid (including dir to provide benefits) e Certain desired and/or cor 	rrective distributions (see instructions) -				
d Benefits paid (including dir to provide benefits) Certain desmed and/or cor f Administrative service prov	rrective distributions (see instructions) - viders (salaries, fees, commissions)	· 8f		7	
d Benefits paid (including dir to provide benefits) e Certain desmed and/or cor f Administrative service prov g Other expenses	rrective distributions (see instructions) . viders (salaries, fees, commissions)	. 89			0
d Benefits paid (including dir to provide benefits) e Certain desmed and/or cos f Administrative service prov g Other expenses h Total expenses (add lines i	rrective distributions (see instructions) . viders (salaries, fees, commissions) 8d. 6e, 6f. and 8g)				0
d Benefits paid (including dir to provide benefits) e Certain desmed and/or cor f Administrative service prov g Other expenses h Total expenses (add lines i Net income (loss) (subtract i Transfers to (from) the plan	rrective distributions (see instructions) . viders (salaries, fees, commissions)	. 89 . 8% . 81 . 81	0		

Form 5500-SF 2011

Parte 2-

....

· • • • • • • • • • • _____

.....

• •

.

Part IV Plan Characteristics

9a of the pain provides peristed burchts, older the exploration realize, under from the of all Plain Characteristic Double in the risk relieves 13, 3D

b. If the plat provides weiling beseties, other the oncisiand wellight (parallely orders tong the cruster Plan Characteristic Coors of the instruction

Part	V Compliand	e Questions		·····	Yes	No I	Amou	nt
10	Quing the oldri yet				1			
а	Was there a failure	to instand to the plan day hottapart to Mobility visition	ring pine pierto ad Thai Pinatami	5074000 HI	<u></u>	X [
۱.	29 CFR 2510 3-13	(5) Reconditional patientity in statement of Fielding Cone- instructions and POL a Voluntity Fielding Cone- bision provides with any party-mail-resolvation of the statement of the statement of the statement of the statement by the statement of the statement of the statement of the statement of the bision of the statement of	ocide transactions	regented		x		
D.	on lang 188 (·····		• ··· ••••
		red by a fidelity bond?.			<u>د</u>	×		
C	The me plan covo	place, which is an interaction by the plane interity from	ia matikus pausoo	by france		x		
d	or district # Sty			E.				·····
e	Were any letty of a	emmissions paid to any provides to joints, or ell or perioded or other organization is or provides come or a cultury ben	itiy an is yuxaada ka Willis yadar tiya plar	mier 12 (Seist - 10		x		
	incluster (2.4)5.1				1	T x T		
ŧ	Hus the plan toller	to provide any bonefit when due under the plan?	• • • · · · ·			• • • • • • • •		
	Char Photo anticate 21 Ober	envisionant toops? of lives comercentous, as of year e	ada		2			
บ h	et that is an individ	tal account plate was that 6 5 blackout parco?" (See instru	actions and PP CFR	10	221			
	9553 101.3			1	····			
i	IF HER WAS BRUGBE Superfloors to pres	ed Tres, "chiere like box if you esting thoused the testioner ding the notice applied under 29 CF (* 2520-101-3).	d addie of and and die Statistic Australia	11			· ••••••••••	
Par		- Hay Compliance			Carter			
11	to page a defined t	1 A state of the state of the second state of the second state (1993) [357]	Trady Sen antituda	ons and compete	SCOUG			x ver [] e
······								
12	- ነቃ ይቀድ 9 ዕድር አሳት ላ ት	calibuliza poin yactoria in the manifestrum foreling actorism	there as seemen in the	V				
	prines, complete	32a or 12b, 12c, 12c, and 12c below, as applicable) innumon furthing shandlard for a poor your is being amorti-	and a the other states and	e tee oranalifitt	. and L	nici tec e	date of the road	ช ณศ 14
а	1, H 1751AA1 (2) 30/6	incurrient Garding standard for a polar year is being amore	· · · ·	, Month		Liny	Ye:	
.,	granting the walv	r 12a, complete lines 3, 9, and 13 of Schodule MB (For	rm 5500), and ship	to line 13.			r	
	you congretate me	n required contribution for this plan year .	• • • • • •		•••	125		• • • •
Þ	. .	accurate deal too the construct to the plan for this plan year	• • • • • •		•	120		
C A	Foldt iste annan e	connectied by the displayed in the basis (20, Enter the resi-	at woter a minute si	Gu nó bhe seu cut a		12d		
¢	esonos amegal				• •	l		na 🖸 🖂
e	vvata, miermu≭	herebyed an ourse temption and inter a field be readily the femal	ing deadline?	<u> </u>	·	`···		
	t VII Plan Te	rminations and Transfers of Assets					ب	
		the second state of the state o			• • •			1. F. 100 100 100
13a	a Malaca Number the	one of of any place assets that revealed to the employer	r Inis year			13,7	j	
		assets distributes to participantic or semetic-dense, transfe	and to anymer pla	n, si brought inste	ા છેમક રા	antro-		The star
2	of the Point 9 .			and a state of the state	anisi te	• • •	• • • • •	L
c	ساد معد بسيد ا	year, any useds or hall alloss when transferred from this p	hills of supprise here	12), decomy no. p		·		
	Wigen Aussel - Cl	be des vera transienza tanto pranticador (13c(2)	EINTS)	13:31PNis
	13c(1) Name of pl	PCS1						
								·
	*****	······································				•		
							••. ••• •·•·· •	
		the late or incomplete filling of this return/report will t	he assessed with	e masonable ca	use is l	nideter:	nod.	
a	dion A penany io	the late or incomplete thing of this return of our of the ry and ether penalities for forth of the instruction (0.15) (deale	ay Bid Linuve e con	med the returnly	sport in	cluding,	if applicable. If	Solution Associated
50	or Schennik MR-20	innered and survey by the condition accessive to the state of the	, electronic vetsich	g! Bus folo ratepa	R, and '	o prò ca	SE GE HEY SE EVAN	
50	et is a true, capitol	and complete		BABU PANSARU	•			
		in Jizas, and Inx		Enter name of ed		overente en el		aralo'
1 7		plan administrator	<u>ale</u>	Findel offunes en des		= 412123 5		*
	IGN					****	······································	
		T T		Emer name Usav	ાજી તે છે. તે માટ	signary a	av e milaroyet 🖓	P. 1914 S. 241-1940

HERE Signature of employor/plan sponsor	
---	--

1

Schedule SB, line 19 -

Discounted Employer Contributions

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

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

Valuation Date: 1/1/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	9/15/2012	\$200,000					
Applied to Additional Contribution	1/1/2011	103,791	95,012	0	0	5.32	0
Applied to MRC	1/1/2011	19,909	18,225	0	0	5.32	0
Applied to Quarterly Contribution	4/15/2011	19,075	16,349	0	19,075	5.32	10.32
Applied to Quarterly Contribution	7/15/2011	19,075	16,539	0	19,075	5.32	10.32
Applied to Quarterly Contribution	10/15/2011	19,075	16,733	0	19,075	5.32	10.32
Applied to Quarterly Contribution	1/15/2012	19,075	16,930	0	19,075	5.32	10.32
Totals for Deposited Contribution		\$200,000	\$179,788	\$0	\$76,300		

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

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

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

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

Schedule SB, Part V Summary of Plan Provisions

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

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

Employer:	BABU S. BANGARU MD PC
Type of Entity -	Professional Service Corporation
	EIN: 13-3355383 TIN: Plan #: 002
Dates:	Effective - 1/1/2003 Year end - 12/31/2011 Valuation - 1/1/2011
	Top Heavy Years - 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 Months of service - 12
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
Retirement: Normal -	Anniversary date coincident with or nearest following attainment of age 62 and completion of 5 years of
Early -	participation Not provided
Average Compensation:	Highest 3 consecutive years of service
	Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement -	Derived from the unit credit benefit formula below:
	3.75% of average monthly compensation per year of service after
	1/1/1997 beginning year 1 limited to 15 year(s)
Accrued Benefit -	Unit credit based on service. Service prior to 1/1/1997 is excluded
	Minimum Benefit - None
	Maximum Benefit - None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality
Death Benefit -	Present Value of Accrued Benefit
<u>Top Heavy Minimum:</u>	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$195,000
	Maximum 401(a)(17) compensation - \$245,000
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit
Vesting Schedule:	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

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

Present Value of Accrued Benefit: Based on Actuarial Equivalence only

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	2.02
	Segment 2	6 - 20	4.56
	Segment 3	> 20	5.75

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

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	I83M - 1983 Individual Annuity (male)

SCHEDULE SB	Single-Employer	Define	ed Ben	efit Plan		OMB	No. 1210-0110
(Form 5500)	Actuarial Information						
· ·	Actualian mormation					2011	
Department of the Treasury Internal Revenue Service	This schedule is required to be file	ed under se	ection 104	of the Employee	_		<u></u>
Department of Labor Employee Benefits Socurity Administration Pension Benefit Guaranty Corporation	ection 6059 of the	•	This Form is Open to Public Inspection				
	File as an attachmer		5500 or 5				
For calendar plan year 2011 or fiscal p		2011		and ending	12/	/31/2011	
▶ Round off amounts to nearest do		!					
	e assessed for late filing of this report u	iniess reas		_			
A Name of plan BABU S. BANGARU PENSION PI	.an			B Three-digit plan numb			002
BADU B. BANGANO PHINDION PI				p.c			
C Plan sponsor's name as shown on I	line 2a of Form 5500 or 5500-SF			D Employer Ide	entificat	ion Number (EIN)
BABU S. BANGARU, MD PC				13	-335	5383	
					-		
E Type of plan: X Single Multipl	e-A 🔄 Multiple-B	Prior year p	lan size: X]100 or fewer	<u>101-5</u>		than 500
Part I Basic Information							
1 Enter the valuation date:	Month 01 Day 01	Year_	2011	h			
2 Assets:				,			
a Market value		• • • • • • • • • • • • •	•••••		2a	<u> </u>	984,490
b Actuarial value		• • • • • • • • • • • • •		•••••	2b		984,490
3 Funding target/participant count l	breakdown		(1) Nu	mber of participa	ints	(2)	Funding Target
a For retired participants and	beneficiaries receiving payment				0		0
b For terminated vested partic	cipants	3b			0		0
C For active participants:							
(1) Non-vested benefits .		<u>3c(1)</u>					2,380
(2) Vested benefits		<u>3c(2)</u>					1,006,786
(3) Total active		3c(3)			2		1,009,166
d Total		<u>3d</u>			2		1,009,166
4 If the plan is in at-risk status, che	eck the box and complete lines (a) and ((b)	•••••			a dana ara- Alaman ara-	
a Funding target disregarding	prescribed at-risk assumptions	• • • • • • • • • • • •			4a		
	risk assumptions, but disregarding trans five consecutive years and disregarding			at have been	4b		
5 Effective interest rate		· · · · · · · · · · · · · · · · · · ·	•••••		5		5.32
6 Target normal cost					6		73,557
	supplied in this schedule and accompanying schedul is. In my opion, each other assumption is reasonable ated experience under the plan.						
SIGN HERE	DP					10/10/20:	12
	Signature of actuary					Date	
DAVID PAVEL						11-02689	
••	or print name of actuary					ecent enrollm 16) 228-8	
	Firm name			Tel	ephone	number (incl	uding area code)
1000 WOODBURY R US WOODBURY	NY 11797						
	Address of the firm						
If the actuary has not fully reflected any instructions	y regulation or ruling promulgated under	r the statute	e in comple	eting this schedu	e, chec	k the box and	i see

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

Pa	rt II Beginning of year	carryove	er and prefunding bala	nces						
					(a)	Carryover balance		(b) F	Prefundir	ig balance
7	Balance at beginning of prior yeary						0			0
8	Portion elected to use to offset p prior year)						0			0
9	Amount remaining (line 7 minus				1		0			0
	Interest on line 9 using prior yea						0			0
	Prior year's excess contributions									
••	a Present value of excess cont							far a fa Far a far		141,600
	b Interest on (a) using prior yea	ar's effective								7,632
	C Total available at beginning of	-								149,232
					and the second secon					149,232
12	d Portion of (c) to be added to p Other reductions in balances du	_			1	, a serva international de la c	<u>155 25</u> 0			
	Balance at beginning of current						0			149,232
						· · · · · ·	v		•	
	Funding percent	_								
-	Funding target attainment perce								. 14	97.55 %
	Adjusted funding target attainme								. 15	97.55 %
	Prior year's funding percentage current year's funding requireme	ent		<u></u>					16	81.06 %
	If the current value of the assets	of the plan	is less than 70 percent of the	funding	target, enter	such percentage		• • • • • • • • • • •	. 17	%
Pa	rt IV Contributions a	nd liquid	ity shortfalls							
18	Contributions made to the plan f	or the plan	year by employer(s) and employer	oyees:						
	(a) Date (b) Amount M-DD-YYYY) employed		(c) Amount paid by employees	((MM-	a) Date DD-YYYY)	(b) Amount employe		y i		unt paid by oyees
09,	/15/2012	200,000								
				Totals	s ► 18(b)		200,	000 18(c)		0
19	Discounted employer contribution	ons see in	structions for small plan with a	valuatio	on date after	the beginning of th	e year	:		•
	a Contributions allocated towar	d unpaid mi	nimum required contribution fr	om prior	years		19a			0
	b Contributions made to avoid a	restrictions a	adjusted to valuation date		-		19b			0
	C Contributions allocated towar		•			aluation date	19c			179,788
20	Quarterly contributions and liqui		•							
	a Did the plan have a "funding :								Ix] Yes 🔲 No
	b If 20a is "Yes," were required		•							Yes X No
	C If 20a is "Yes," see instruction		-		-					
			Liquidity shortfall as of end			an vear		<u>k 200 (22)</u>		والأوري والمشاهية والشاهية
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4t	n

Page 3

Pa	rt V Assumptio	ons used to determine	funding target and target r	normal cost					
21	Discount rate:								
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %	3rd segment: 6.45 %		N/A, full yield curve used			
	b Applicable month (enter code)					1			
22				22	62				
	2 Weighted average retirement age								
Pai	t VI Miscellane	eous items		· · · · · · · · · · · · · · · · · · ·					
	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required								
- •	attachment								
25			lan year? If "Yes," see instructions						
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmer	nt Yes X No			
27			Inding rules, enter applicable code						
	• •		• • • • • • • • • • • • • • • • • • •		27				
Par	rt VII Reconcili	ation of unpaid minimu	um required contributions	for prior years					
28	Unpaid minimum req	uired contribution for all prior	years		28	0			
29			d unpaid minimum required contrib		29				
			<u> </u>			0			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0			
Pai	rt VIII Minimum	required contribution	for current year						
31	Target normal cost,	adjusted, if applicable (see ins	tructions)						
	a Target normal cos	t (line 6)			31a	73,557			
	b Excess assets, if a	pplicable, but not greater than	131a		31b	0			
32	Amortization installm								
a Net shortfall amortization installment					ance	Installment			
				Outstanding Bala	ance 24,676	Installment 11,219			
	a Net shortfall amort	ization installment		Outstanding Bala					
	a Net shortfall amort b Waiver amortization	ization installment			24,676 0				
	a Net shortfall amort b Waiver amortization	ization installment In installment		nting the approval	24,676				
33	a Net shortfall amort b Waiver amortization If a waiver has been (Month	ization installment In installment	nter the date of the ruling letter gra	nting the approval	24,676 0				
33	a Net shortfall amort b Waiver amortization If a waiver has been (Month	ization installment In installment	nter the date of the ruling letter gran	nting the approval	24,676 0 33 34	11,219 0 0			
33 34	A Net shortfall amort b Waiver amortizatio If a waiver has been (Month Total funding requires	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 31	nting the approval 1b + 32a + 32b - 33)	24,676 0 33 34	11,219 0 0 84,776			
33	A Net shortfall amort b Waiver amortizatio If a waiver has been (Month Total funding require Balances elected to	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 31	nting the approval 1b + 32a + 32b - 33)	24,676 0 33 34	11,219 0 0 84,776			
33 34 35	a Net shortfall amort b Waiver amortization of a waiver has been (Month Total funding required Balances elected to requirement	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3 ^o Carryover balance	nting the approval Ib + 32a + 32b - 33) Prefunding Bala	24,676 0 33 34 ince	11,219 0 0 84,776 Total balance			
33 34 35 36	a Net shortfall amort b Waiver amortization of a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0	nting the approval (b + 32a + 32b - 33) Prefunding Bala	24,676 0 33 34 Ince 0 36	11,219 0 0 84,776 Total balance 0			
33 34 35 36	a Net shortfall amort b Waiver amortization of a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0	nting the approval (b + 32a + 32b - 33) Prefunding Bata d to valuation date	24,676 0 33 34 Ince 0	11,219 0 0 84,776 Total balance 0			
33 34 35 36 37	A Net shortfall amort b Waiver amortization If a waiver has been (Month Total funding requires Balances elected to requirement Additional cash requ Contributions allocat (line 19c)	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3' Carryover balance 0)	nting the approval (b + 32a + 32b - 33) Prefunding Bata d to valuation date	24,676 0 33 34 ince 0 36 37	11,219 0 0 84,776 Total balance 0 84,776			
33 34 35 36 37 38	A Net shortfall amort b Waiver amortizatio If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3' Carryover balance 0)	nting the approval (b + 32a + 32b - 33) Prefunding Bala d to valuation date	24,676 0 33 34 Ince 0 36	11,219 0 0 84,776 Total balance 0 84,776			
33 34 35 36 37 38	A Net shortfall amort b Waiver amortizatio If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3' Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	nting the approval (b + 32a + 32b - 33) Prefunding Bala d to valuation date	24,676 0 33 34 ance 0 36 37 38a 38b	11,219 0 0 84,776 Total balance 0 84,776 179,788			
33 34 35 36 37 38	 a Net shortfall amort b Waiver amortization If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3' Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	nting the approval 1b + 32a + 32b - 33) Prefunding Bala d to valuation date arryover balances	24,676 0 33 34 ince 0 36 37 38a	11,219 0 0 84,776 Total balance 0 84,776 179,788			
33 34 35 36 37 38	A Net shortfall amort b Waiver amortizatio If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3" Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	nting the approval (b + 32a + 32b - 33) Prefunding Bala d to valuation date 	24,676 0 33 34 ance 0 36 37 38a 38b	11,219 0 0 84,776 Total balance 0 84,776 179,788			
33 34 35 36 37 38 39 40	A Net shortfall amort b Waiver amortizatio If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3" Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	nting the approval (b + 32a + 32b - 33) Prefunding Bala d to valuation date arryover balances line 37)	24,676 0 33 34 ince 0 36 37 38a 38b 39	11,219 0 0 84,776 Total balance 0 84,776 179,788			
33 34 35 36 37 38 39 40 Par	a Net shortfall amort b Waiver amortization If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3' Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	thing the approval (b + 32a + 32b - 33) Prefunding Bala Prefunding Bala d to valuation date arryover balances line 37) see instructions)	24,676 0 33 34 ince 0 36 37 38a 38b 39	11,219 0 0 84,776 Total balance 0 84,776 179,788			
33 34 35 36 37 38 39 40 Pai 41	a Net shortfall amort b Waiver amortization If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3" Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	nting the approval (b + 32a + 32b - 33) Prefunding Bala Prefunding Bala d to valuation date arryover balances line 37) see instructions) on schedule:	24,676 0 33 34 ince 0 36 37 38a 38b 39 40	11,219 0 0 84,776 Total balance 0 84,776 179,788 95,012 0			
33 34 35 36 37 38 39 40 Pai 41	A Net shortfall amort b Waiver amortizatio If a waiver has been (Month	ization installment	nter the date of the ruling letter gran) and the waived amount . r/prefunding balances (lines 31a - 3" Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	nting the approval (b + 32a + 32b - 33) Prefunding Bala d to valuation date d to valuation date arryover balances line 37) see instructions) on schedule:	24,676 0 33 34 ince 0 36 37 38a 38b 39 40	11,219 0 0 84,776 Total balance 0 84,776 179,788 95,012 0 95,012 0			
33 34 35 36 37 38 39 40 Pai 41	 a Net shortfall amort b Waiver amortization If a waiver has been (Month	ization installment	nter the date of the ruling letter gram) and the waived amount . r/prefunding balances (lines 31a - 3' Carryover balance 0 0 0 0 0 0 0 0 0 0 0 0 0	nting the approval (b + 32a + 32b - 33) Prefunding Bala Prefunding Bala d to valuation date arryover balances line 37) see instructions) on schedule:	24,676 0 33 34 ince 0 36 37 38a 38b 39 40	11,219 0 0 84,776 Total balance 0 84,776 179,788 95,012 0 95,012 0			

Schedule SB, line 32 -Schedule of Amortization Bases

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

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

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	64,079	Shortfall	41,160	4	10,772
	01/01/2009	67,566	Shortfall	53,652	5	11,404
	01/01/2010	21,824	Shortfall	19,934	6	3,654
	01/01/2011	-90,070	Shortfall	-90,070	7	-14,611
Totals:				\$24,676		\$11,219