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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete an entries in accord	uance with	i the manuchons to the Form 550	U-3F.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	
Pa	art II Basic Plan Information—enter all requested informa	ation			
1a	Name of plan			1b	Three-digit
	IO BHARAM, MD, PC DEFINED BENEFIT PLAN				plan number
				_	(PN) ▶ 002
				1c	Effective date of plan 01/01/2011
22	Plan sponsor's name and address; include room or suite number (et	mployer if	for a single-employer plan)	2h	Employer Identification Number
	NO BHARAM, MD, PC	ilipioyei, ii	ioi a single-employer plan		(EIN) 20-3026268
					Sponsor's telephone number
820.2	2ND AVENUE, STE. 7A				212-691-3535
	/ YORK, NY 10017			2d	Business code (see instructions)
					621111
	Plan administrator's name and address (if same as plan sponsor, er IO BHARAM, MD, PC 820 2ND AVE			3b	Administrator's EIN 20-3026268
OIVIIN	NEW YORK,		78	3c	Administrator's telephone number
					212-691-3535
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b	EIN	
2	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DN
	Total number of participants at the beginning of the plan year				
				5a	
b				5b	
С	Number of participants with account balances as of the end of the p complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a			,	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fo art III Financial Information	orm 5500-	SF and must instead use Form 55	00.	
					# . -
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End of Year 97500
a	Total plan assets		0		
b	Total plan liabilities		0		97500
<u>C</u>		. 7c			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)	97500		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	0		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			97500
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0		
е	Certain deemed and/or corrective distributions (see instructions)		0		
f	Administrative service providers (salaries, fees, commissions)		0		
g	Other expenses		0		
h					0
i	Net income (loss) (subtract line 8h from line 8c)				97500
j	Transfers to (from) the plan (see instructions)		0		

Form	5500	-SE	201	•

Page 2 -	1		
----------	---	--	--

-	-	~ :	
Part IV	Plan	Charac	teristics

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

Part	V Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
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	l		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	i .		
С	Was the plan covered by a fidelity bond?	10c	X		i		15000
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		X			
е	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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ	i		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	1		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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 comp 5500))					X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct						
lf v	granting the waiverMonti ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	h		Day .	Y	ear	
	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art						<u> </u>	
	Has a resolution to terminate the plan been adopted in any plan year?			Пү	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u		the co	ntrol			
	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 the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			T	
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.	L	
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	rn/rep	ort, in	cludin	g, if applicab		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	SRINO BHARAM
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 (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

				/ FIIE		illient to Form	3300 OI	3300-3F.			
For	cale	ndar plan year 2011	or fiscal plan	year beginning	01/01/201	11		and end	ling 12/31/	2011	
•	Rou	nd off amounts to n	earest dollar	-							
•	Caut	tion: A penalty of \$1,	,000 will be as	sessed for late fill	ing of this rep	oort unless reas	onable ca	use is establish	ned.		
Α	Name	e of plan						B Three-di	ait		
		BHARAM, MD, PC D	EFINED BEN	EFIT PLAN					nber (PN)	002	
								plan nui	incer (i iv)	,	
<u>C I</u>	Plan (sponsor's name as s	hown on line 1	2a of Form 5500 o	or 5500-SE			D Employer	Identificatio	n Number (EIN)	
		BHARAM, MD, PC	nown on line 2	24 011 0111 0000 0	51 5500-61			, ,	Identificatio	irriamber (Elia)	
0		5111 (10 (11), 11) 5, 1 0						20-3026268			
E 1	уре (of plan: X Single	Multiple-A	Multiple-B		F Prior year pla	an size: 🕽	100 or fewer	101-500	More than 500	
D.	art I	Basic Inform	ation								
4				M 11 12	D 2	1	2011				
		ter the valuation date): 	Month 12	_ Day <u>3</u>	1 Year _	2011	_			
2	Ass	sets:									
	а	Market value							2a		C
	b	Actuarial value							2b		O
3	Fur	nding target/participa						lumber of partic	ipants	(2) Funding Ta	raet
_	а	For retired particip			n navment	3a	(.,		0	(=) : ::::::::9 : :	0
					, ,				1		748
	b	For terminated ves		its		3b			1		740
	С	For active participa	ants:								
		(1) Non-vested b	enefits			3c(1)					0
		(2) Vested benef	its			3c(2)					66295
		(3) Total active				3c(3)			1		66295
	d	Total							2		67043
								П			
4	If th	ne plan is in at-risk st	tatus, check tr	ne box and comple	ete lines (a) a	and (b)		·∐			
	а	Funding target disr	egarding pres	cribed at-risk ass	umptions				4a		
	b	Funding target refle	ecting at-risk a	assumptions, but o	disregarding t	transition rule fo	r plans th	at have been ir	4b		
		at-risk status for fe	wer than five	consecutive years	s and disrega	arding loading fa	ctor				
5	Eff	ective interest rate							5		5.72 %
6	Tai	rget normal cost							6		16551
Stat	eme	nt by Enrolled Actu	arv								
		•	•	ed in this schedule and	accompanying so	chedules, statements	and attachm	nents, if any, is comp	lete and accurat	e. Each prescribed assumptio	n was applied in
		lance with applicable law ar nation, offer my best estima				sonable (taking into a	ccount the e	experience of the plan	n and reasonable	e expectations) and such othe	r assumptions, in
		,	to or armorpatou or	Apononio unao mo pia							
S	igi	N									
Н	ER	E								10/08/2012	
			Sign	ature of actuary						Date	
GEF	ARD	G. PALMER, M.A.A	•	,						11-03206	
		·	T						M1		
DD.		OLONIAL DETIDENT		orint name of actua	ary				Most rec	ent enrollment number	
PRC)FES	SIONAL RETIREME	:NI PLANNER	RS						973-831-6500	
				Firm name				Т	elephone nu	ımber (including area o	code)
		IOLF AVENUE ON LAKES, NJ 07442)								
1 011		714 LAILEO, 140 07 442	-								
								_			
			Add	dress of the firm							
If the	actu	ary has not fully refle	ected anv real	ulation or ruling pr	romulgated u	nder the statute	in comple	eting this sched	ule, check th	ne box and see	П
	uction		, , , ,	. 31	J		,				

Page	2 -	1
------	-----	---

Pa	rt II Be	ginning of year	carryove	er and prefunding bal	ances							
						(a) C	Carryover balance		(b) Prefunding balance			
7				cable adjustments (line 13 fr				0				0
8				unding requirement (line 35				0				0
9								0				0
10	Interest on lir	e 9 using prior year'	s actual ret	urn of0.00%								
11				to prefunding balance:								
	a Present v	alue of excess contri	butions (lin	e 38 from prior year)								0
				rate of% except								0
	C Total available at beginning of current plan year to add to prefunding by											0
	d Portion of	(c) to be added to p	refunding b	alance								0
12	Other reducti	ons in balances due	to elections	s or deemed elections				0				0
13	Balance at be	eginning of current ye	ear (line 9 +	- line 10 + line 11d – line 12)				0				0
Pa	art III F	unding percenta	ages						-	-		-
14	Funding targ	et attainment percent	tage							14	(.00 %
				je						15	(.00 %
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	(0.00 %	
17				s less than 70 percent of the						17	(0.00 %
Pá	art IV C	ontributions an	d liauidi	tv shortfalls						<u> </u>		
				ear by employer(s) and emp	loyees:							
	(a) Date IM-DD-YYYY)	(b) Amount p	aid by	(c) Amount paid by employees	(a) Da		(b) Amount pa		(0	Amoui		У
12	/30/2011		97500									
					Totals ►	18(b)		97500	18(c)			0
19	Discounted e	mployer contribution	s – see ins	tructions for small plan with a	a valuation da	ate after th	ne beginning of the	year:				
	a Contribution	ns allocated toward	unpaid min	imum required contributions	from prior ye	ears		19a				0
b Contributions made to avoid restrictions adjusted to valuation date							0					
	C Contributio	ns allocated toward m	inimum req	uired contribution for current ye	ear adjusted t	to valuation	date	19c				97515
20	Quarterly cor	tributions and liquidi	ty shortfalls	: :								
	a Did the pla	n have a "funding sh	ortfall" for t	he prior year?							Yes	X No
	b If 20a is "Y	es," were required q	uarterly ins	tallments for the current yea	r made in a t	imely man	ner?		······		Yes	No
	C If 20a is "Y	es," see instructions	and compl	ete the following table as ap	plicable:							
				Liquidity shortfall as of er	nd of quarter			1		(4)		
	(1)	1st		(2) 2nd		(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns used to determine t	funding target and tai	rget r	normal cost		
21	Disco	ount rate:						
	a S	egment rates:	1st segment: 1.99%	2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used
	b A	pplicable month	(enter code)				21b	0
22	Weigl	hted average ret	tirement age				22	62
23		ality table(s) (see		escribed - combined		scribed - separate	Substitut	
			, <u>L</u>					
	rt VI	Miscellane						
24		=	nade in the non-prescribed ac					
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	uctions	regarding required attac	chment	Yes 🛚 No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see	instruc	tions regarding required	attachment.	Yes X No
27			or (and is using) alternative fu	•			27	
Pa	rt VII	Reconcilia	ation of unpaid minimu	ım required contribut	tions	for prior years		
28	Unpa	id minimum requ	uired contributions for all prior	years			28	0
29			contributions allocated toward	•			29	0
30	Rema	aining amount of	f unpaid minimum required cor	ntributions (line 28 minus line	e 29)		30	0
Pa	rt VIII	Minimum	required contribution	for current year				
31	Targe	et normal cost a	nd excess assets (see instruc	tions):				
	a Tai	rget normal cost	31a	16551				
	b Ex	cess assets, if a	applicable, but not greater thar	131a			31b	0
32	Amor	tization installme	ents:			Outstanding Bala	ance	Installment
	a Ne	et shortfall amort	tization installment				67043	10593
	b W	aiver amortizatio	on installment				0	0
33	If a w	aiver has been a	approved for this plan year, er Day Year	ter the date of the ruling letter	er grar	•	33	
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	s 31a -	31b + 32a + 32b - 33)	34	27144
		<u> </u>	<u> </u>	Carryover balance		Prefunding bala	nce	Total balance
35	Polon	and cloated for	use to offset funding	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		
	requi	rement			0		0	0
36	Addit	ional cash requir	rement (line 34 minus line 35)				36	27144
37			ed toward minimum required c				37	97515
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)			l l	
			ny, of line 37 over line 36)				38a	70371
			line 38a attributable to use of				38b	0
39			uired contribution for current y				39	0
40			uired contributions for all years			·	40	0
	rt IX		funding relief under Pe				1 1	
41	If a sh	nortfall amortizati	ion base is being amortized p	ursuant to an alternative amo	ortizati	on schedule:		
	a Sch	nedule elected						2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election in line	41a was made			2008	3 2009 2010 2011
42	Amou	nt of acceleratio	on adjustment				42	-
			celeration amount to be carrie				43	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calcular plan year 2011 or fiscal plan y	File as an attachm	ent to Form	5500 or	5500-	·SF.				
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan B Three-clipt plan number (PN) D D	For calendar plan year 2011 or fiscal plan year beginning 01/0	01/2011			and endir	ng		12/3	31/2011
B Throc-digit plan number (PN) 002	Round off amounts to nearest dollar.								
Plan number (PN) 002	▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable ca	ause is	s establishe	ed.			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Part D Employer Identification Number (EIN) D Employer Ident	A Name of plan			В	Three-dig	it			
C Plan sponsor's name as shown on line 2a of Form 5500 or 550					plan num	ber (PN)	•	.	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500 cs SF SRINO BHARAM, MD, PC E Type of plan: Single Multiple-A Multiple-B P F Prior yoar plan size: 100 or fewer 101-800 More than 500 Part 1 Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2011 2 Assets: 2 2a 0				5000				,	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2011 2 Assets: a Market value 2a 0 b Actuarial value 2b 0 c For active participants and beneficiaries receiving payment 3a 0 (2) Funding Target a For retired participants and beneficiaries receiving payment 3a 0 (2) Funding Target b For terminated vested participants and beneficiaries receiving payment 3c (1) Number of participants (2) Funding Target (1) Non-vested benefits 3c (1) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
Part I Basic Information	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			שׁ	Employer I	dentificat	ion Nur	mber (I	EIN)
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2011 2 Assets: 2a Market value 2b 2b 00 5 Actuarial value 2 2a 00 6 Actuarial value 2 2b 00 3 Funding target/participant count breakdown: 2b 10 Number of participants (2) Funding Target 2c 10 Number of participants and beneficiaries receiving payment 3a 0 0 0 5 For terminated vested participants and beneficiaries receiving payment 3b 1 748 6 For retired participants 3c	SRINO BHARAM, MD, PC			2	20-3026	268			
1 Enter the valuation date: Month 12 Day 31 Year 2011 2 Assets: a Market value	E Type of plan: X Single Multiple-A Multiple-B	Prior year pl	an size: [X 100	or fewer	101-50	00 📗	More ti	nan 500
1 Enter the valuation date: Month 12 Day 31 Year 2011 2 Assets: a Market value	Part I Basic Information								
2 Assets: a Market value. b Actuarial value. 2 a 0 3 Funding target/participant count breakdown: a For retired participants and beneficiaries receiving payment. 3 a 0 5 For retired participants and beneficiaries receiving payment. 3 a 0 6 C For active participants. 5 For active participants. (1) Non-vested benefits. (2) Vested benefits. (3) Total active. (3) Total active. (3) Total active. (3) Total active. (4) Mumber of participants. (5) Vested benefits. (6) Vested benefits. (7) Non-vested benefits. (8) Sac(1) (9) Vested benefits. (1) Non-vested benefits. (3) Total active. (4) Total. (5) Funding target disregarding prescribed at-risk assumptions. (4) Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in a t-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 5 5.72 % 6 Target normal cost. 5 5 5.72 % 6 Target normal cost. To the bast dirty 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 concordance with applicable law and applicable ins. In my opinion, each phase active plans is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption in concordance with applicable law and applicable in such accurate. Each prescribed assumption was applied in concordance with applicable law and applicable in such accurate. Each prescribed assumption was applied in concordance with applicable law and applicable in such accurate. Each prescribed assumption was applied in the schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in concordance with applicable law and accurate. Each prescribed assumptio	20	Year	2011				~	***************************************	
a Market value									
b Actuarial value						2a			0
Funding target/participants count breakdown: a For retired participants and beneficiaries receiving payment			*************		***************************************				·
a For retired participants and beneficiaries receiving payment									
b For terminated vested participants. c For active participants: (1) Non-vested benefits		20	(1) N	Numbe	r of particip			(2) F	
C For active participants: (1) Non-vested benefits 3c(1) 0 (2) Vested benefits 3c(2) 66,295 (3) Total active 3c(3) 1 66,295 (4) Total color						1			
(1) Non-vested benefits		30				1			/48
(2) Vested benefits 3c(2) 66, 295 (3) Total active		0 (4)							
(3) Total active	• •						***************************************		
d Total	(2) Vested benefits					-			
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	(3) Total active					1			
a Funding target disregarding prescribed at-risk assumptions. 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. 5 Effective interest rate	d Total	3d				2	STAN SPORT NO CONSIS	February Constance	67,043
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	4 If the plan is in at-risk status, check the box and complete lines (a) and	(b)							
at-risk status for fewer than five consecutive years and disregarding loading factor	a Funding target disregarding prescribed at-risk assumptions					4a			
S Effective interest rate	b Funding target reflecting at-risk assumptions, but disregarding tran	sition rule fo	r plans th	nat hav	ve been in	4b	***************************************		
6 Target normal cost	at-risk status for fewer than five consecutive years and disregardin	ng loading fa	ctor						
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 Signature of actuary Date Gerard G. Palmer, M.A.A.A. 11-03206 Type or print name of actuary Most recent enrollment number Professional Retirement Planners (973) 831-6500	5 Effective interest rate					5			5.72 %
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 Signature of actuary Date Gerard G. Palmer, M.A.A.A. 11–03206 Type or print name of actuary Most recent enrollment number Professional Retirement Planners (973) 831–6500 Telephone number (including area code)	6 Target normal cost					6			16,551
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 Signature of actuary Date Gerard G. Palmer, M.A.A.A. 11-03206 Type or print name of actuary Professional Retirement Planners (973) 831-6500 Telephone number (including area code)	•								
HERE Signature of actuary Date Gerard G. Palmer, M.A.A.A. 11-03206 Type or print name of actuary Professional Retirement Planners (973) 831-6500 Firm pages Telephone sumber (including area code)	accordance with applicable law and gegulations. In my opinion, each other assumption is reasonal								
HERE Signature of actuary Date Gerard G. Palmer, M.A.A.A. 11-03206 Type or print name of actuary Professional Retirement Planners (973) 831-6500 Firm pages Telephone sumber (including area code)	SIGN (/a /M//An A								
Signature of actuary Gerard G. Palmer, M.A.A.A. Type or print name of actuary Professional Retirement Planners Firm pages Telephone symbot (including area code)							10/0	08/20	012
Gerard G. Palmer, M.A.A.A. Type or print name of actuary Professional Retirement Planners Firm pages Telephone number (including area code)				_					
Type or print name of actuary Professional Retirement Planners (973) 831-6500 Firm page Telephone number (including area code)									7.6
Professional Retirement Planners (973) 831-6500									
Firm name Telephone number (including area code)	· · · · · · · · · · · · · · · · · · ·								
9 Bartholf Avenue Firm name Telephone number (including area code)						·			
	9 Bartholf Avenue Firm name				Te	lephone r	number	(inclu	ding area code)
77 OTA46		4.4.0							
	1	442	. :						
Address of the firm	Address of the firm								
	. , , , , , , , , , , , , , , , , , , ,	r the statute	in comple	eting t	his schedul	e, check	the box	and s	ee
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					., 5501			

Schedule S	B (Form	55001	2011

_	2		
Page	Z	-	l

Pa	art II Begii	nning of year	carryov	er and prefunding bal	lances						
	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)				(a) Carryover balance			(b) Prefunding balance			
7					0			0			
8	- William Stranger		- Marketo	funding requirement (line 35							
		•	•	unding requirement (line 35				0			C
9	g ()							0			C
10	Interest on line	9 using prior year'	s actual ret	turn of0.00%							
11	Prior year's exc	ess contributions	to be adde	d to prefunding balance:				1	100		
				ne 38 from prior year)							C
				rate of0.00% except							C
	C Total available	le at beginning of c	urrent plan	year to add to prefunding bala	nce						0
	d Portion of (c) to be added to p	refunding l	palance							0
12	Other reductions	s in balances due	to election	s or deemed elections				0			0
13	Balance at begi	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)				0			0
Pi	art III Fun	ding percent	ages								
14	Funding target a	attainment percen	tage		***************************************					14	.00 %
										15	.00 %
	 Adjusted funding target attainment percentage Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 								16	.00 %	
17				s less than 70 percent of the			······································			17	.00 %
Pa	art IV Con	tributions an	d liquidi	tv shortfalls						ka	
				ear by employer(s) and emp	lovees:				******************		
***************************************	(a) Date	(b) Amount p		(c) Amount paid by		Date	(b) Amount paid	by	(c)	Amoun	t paid by
	IM-DD-YYYY)	employer		employees	(MM-DI	D-YYYY)	employer(s)		employees		
12	2/30/2011		97,500								
							· · · · · · · · · · · · · · · · · · ·				
			STOCKER (STATE OF THE STATE OF T								
		D. M. S.			Totals •	18(b)		,500	18(c)		0
19	Discounted emp	loyer contribution	s – see ins	tructions for small plan with a	a valuation	date after th	e beginning of the ye	ar:			
	a Contributions	allocated toward	unpaid min	imum required contributions	from prior	years	1	9a			0
	b Contributions	made to avoid res	strictions a	djusted to valuation date			1	9b			0
	C Contributions	allocated toward m	inimum req	uired contribution for current ye	ear adjusted	d to valuation	date 1	9с			97,515
20	Quarterly contrib	outions and liquidi	ty shortfalls):							
	a Did the plan have a "funding shortfall" for the prior year?										
	b If 20a is "Yes,	" were required q	uarterly ins	tallments for the current year	r made in a	timely manr	ner?				Yes No
	c If 20a is "Yes,	" see instructions	and compl	ete the following table as app	olicable:						
				Liquidity shortfall as of er	d of quarte	er of this plar	ı year	- Linia N			
	(1) 15	st		(2) 2nd		(3)	3rd		(4) 4th		

Pa	irt V Assumptio	ns used to determine	funding target and targe	et normal cost				
21	Discount rate:			1,11				
	a Segment rates:	1st segment: 1.99 %	2nd segment: 5.12 %	3rd segment 6.24 %		☐ N/A, full yield curve used		
	b Applicable month	(enter code)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	. 21b	C		
22	Weighted average ret	tirement age			. 22	6		
23	Mortality table(s) (see	e instructions) 🛛 Pr	escribed - combined	Prescribed - separate	Substitu	ite		
Pa	rt VI Miscellane	ous items						
24	-		tuarial assumptions for the curre	•				
25	Has a method change	e been made for the current p	lan year? If "Yes," see instruction	ons regarding required atta	chment	Yes X No		
26			Participants? If "Yes," see inst			tund hard		
27	If the plan is eligible for	or (and is using) alternative fu	inding rules, enter applicable co	de and see instructions	27			
Pa	ırt VII Reconcilia	ation of unpaid minim	um required contributio	ns for prior years				
28	Unpaid minimum requ	uired contributions for all prior	years		. 28	C		
29			d unpaid minimum required con		29	C		
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus line 29	9)	. 30	C		
Pa	rt VIII Minimum	required contribution	for current year					
31	Target normal cost ar	nd excess assets (see instruc	tions):					
	a Target normal cost	(line 6)			. 31a	16,551		
	b Excess assets, if a	pplicable, but not greater than	n 31a		. 31b	C		
32	Amortization installme	ents:	Outstanding Bala	ance	Installment			
	Net shortfall amortization installment					10,593		
	b Waiver amortizatio	n installment			d	С		
33	If a waiver has been a (Month	33						
34	Total funding requiren	ment before reflecting carryov	er/prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34	27,14		
			Carryover balance Prefunding balan			Total balance		
35		use to offset funding		0	Q	C		
36	Additional cash requir	rement (line 34 minus line 35)			36	27,144		
37					37	97,515		
38	Present value of exce	ess contributions for current ye	ear (see instructions)					
	a Total (excess, if an	38a	70,371					
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					0		
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					С		
40	40 Unpaid minimum required contributions for all years					0		
Pa	rt IX Pension f	funding relief under Pe	ension Relief Act of 2010	0 (see instructions)				
41	If a shortfall amortizati	ion base is being amortized p	ursuant to an alternative amortiz	ation schedule:				
	a Schedule elected					2 plus 7 years 15 years		
	b Eligible plan year(s)) for which the election in line	41a was made		200	8 2009 2010 2011		
42	Amount of acceleration	n adjustment			42			
43	Excess installment acc	celeration amount to be carrie	d over to future plan years		43			

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates:

Effective:

5.72%

Late Quarterly:

10.72%

Effective Date	Amount	Contribution Year End Date	Discounted
12/30/2011	\$97,500	12/31/2011	\$97,515
Total:	\$97,500		\$97,515

Name of Plan:

SRINO BHARAM, MD, PC DEF

Plan Sponsor's EIN:

20-3026268

Plan Number:

002

Plan Sponsor's Name: Srino Bharam, MD, PC

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

The weighted average retirement age has been determined by averaging the normal retirement ages for active participants according to the normal retirement age provision of the plan document. Participants who are active past normal retirement page are assumed to retire at the end of the plan year.

Name of plan:

SRINO BHARAM, MD, PC DEFINED BENEFIT PLAN

Plan sponsor's name: Srino Bharam, MD, PC

Plan number:

002

EIN: 20-3026268

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<u>Payment</u>
Shortfall		12/31/2011	1.99 / 5.12	67,043	7.00	67,043	7.00	10,593
Totals	Shortfall					67,043		10,593

Name of Plan:

SRINO BHARAM, MD, PC DEFINED BENEFIT PLAN

Plan Sponsor's EIN:

20-3026268

Plan Number:

002

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

Actuarial Asset Valuation Method - Market

Pre-retirement Mortality - NONE

Pre-retirement Turnover - NONE

Expected increase in compensations - NONE

Lump Sum Election Percentage - 100%

SRINO BHARAM, MD, PC DEFINED BENEFIT PLAN

Plan sponsor's name: Srino Bharam, MD, PC

Plan number: EIN:

002

20-3026268

Schedule SB - Part V - Summary of Plan Provisions

Employer and Plan Data

Initial effective date 01/01/2011 Plan year begins 01/01/2011 Plan year ends 12/31/2011 Valuation date 12/31/2011

Eligibility Requirements

Waiting period (mos) 12 Minimum age 21 Minimum age (mos) 0

Normal Retirement

Minimum age 62 Minimum years of service 0 Minimum years of participation 5 Retirement date 1st of month following

Benefits

Pension Formula: Benefit formula Type of Formula: Flat benefit Effective Date: 01/01/2011

Flat benefit non-integrated type: Percent Total percent of salary: 80.00% Dollar amount: None Reduction based on: Accrual Benefit reduction for years less than: 25

Vesting

Primary Secondary Vesting Schedule Vesting Schedule 2/20 2/20

Name of plan: SRINO BHARAM, MD, PC DEFINED BENEFIT PLAN

Plan number: 002 Plan sponsor's name: Srino Bharam, MD, PC EIN: 20-3026268