	Form 5500-SF		eturn/F Benefit	Report of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	<u>د</u>	2	2011
	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	-SF.	113	pection
		Ientification Information				2040	
	calendar plan year 2011 or fisca	al plan year beginning <u>12/31/201</u> a single-employer plan		2	2/30/2		
			•	-employer plan (not multiemployer)		a one-partici	bant plan
В	This return/report is:	the first return/report		eturn/report			
				in year return/report (less than 12 mo	onths)	—	
С	Check box if filing under:	Form 5558		extension		DFVC progra	ım
_		special extension (enter descriptio	,				
		nation—enter all requested information	ation		41		
	Name of plan JS MEDICAL PC DEFINED BEN				10	Three-digit plan number	
JANC	13 MILDICAL FC DEFINED BEI					(PN)	001
				-	1c	Effective date o 12/31	•
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 26-19	fication Number
101 (CROYDEN COURT				2c	Sponsor's telep 718-82	
	ERTSON, NY 11507				2d	Business code (62111	see instructions)
	Plan administrator's name and IS MEDICAL PC	address (if same as plan sponsor, er 121 CROYDE	N COURT		3b	Administrator's	E IN 60118
		ALBERTSON	, NY 1150	7	3c	Administrator's 718-82	elephone number 1-0643
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/ı	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name	er nom the last return/report.			4c	PN	
		the beginning of the plan year			5a		1
b	Total number of participants at	the end of the plan year			5b		1
C	Number of participants with ac	count balances as of the end of the p	olan year (d	defined benefit plans do not	5c		
6a	Were all of the plan's assets d	luring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of th	ne annual examination and report of a	an indepen	ident qualified public accountant (IQF	PA)		
		• •		ons.)			X Yes No
Pa	rt III Financial Informa		5500-	SF and must instead use Form 550			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	422440		, <i>i</i>	569497
b	Total plan liabilities		7b	0			0
С	Net plan assets (subtract line 7	b from line 7a)	7c	422440			569497
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or recei		- (I)	140264			
			8a(1)	0	-		
			8a(2)	0	-		
h)	8a(3)	36793	-		
b		$P_{\alpha}(2)$, $P_{\alpha}(2)$, and $P_{\alpha}(2)$	8b	30733			177057
c d	Benefits paid (including direct i	8a(2), 8a(3), and 8b) rollovers and insurance premiums	8c 8d	30000			
е	•	ive distributions (see instructions)	8e	0			
f		s (salaries, fees, commissions)	8f	0			
g			8g	0			
h	•	8e, 8f, and 8g)	8h				30000
i		e 8h from line 8c)	8i				147057
	Transfers 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.

Form 5500-SF (2011) v.012611

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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 3E
- **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	Du	ring the plan year:		Yes	No	Aı	nount	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		x			
С	W	as the plan covered by a fidelity bond?	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х			
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		x			
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х			
i		0h 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					
Part	VI	Pension Funding Compliance						
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X Yes	No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					-	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting 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	Ent	er the minimum required contribution for this plan year			12b			
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c			
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d			
е	Wil	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	s a resolution to terminate the plan been adopted in any plan year?			Y	′es X No		
	lf "`	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Yes	X No
С	lf d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)					_	
1	3c(1) Name of plan(s):		130	:(2) El	N(s)	13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is (establ	ished.		
Unde	r pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	oort, in	cluding	g, if applicable	∍, a Sch∈	dule

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.	07/02/2013	DR. MUKUL ARYA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/02/2013	DR. MUKUL ARYA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

(Form 550) Department of the Tre Internal Revenue Se Department of Lat Employee Benefits Security A Pension Benefit Guaranty (C For calendar plan year 2 ▶ Round off amounts ▶ Caution: A penalty of A Name of plan JANUS MEDICAL PC DE C Plan sponsor's name a	asury vice dministration orporation 011 or fiscal pl co nearest do \$1,000 will be	Retirement Inc. Fi an year beginning Ilar. assessed for late	is required to b ome Security Ac Internal Rev le as an attach 12/31/2011	ct of 1974 (ERI venue Code (th ment to Form	ection 104 SA) and s e Code). 5500 or 5	of the Employe ection 6059 of t	ne	I	2011 n is Open to Inspection	Public
Internal Revenue Se Department of Lat Employee Benefits Security A Pension Benefit Guaranty (C For calendar plan year 2 ▶ Round off amounts ▶ Caution: A penalty of A Name of plan JANUS MEDICAL PC DE	vice or orporation 011 or fiscal pl co nearest do \$1,000 will be	Retirement Inc. Fi an year beginning Ilar. assessed for late	ome Security Ad Internal Rev Ie as an attach 12/31/2011	ct of 1974 (ERI venue Code (th ment to Form	SA) and s e Code). 5500 or 5	ection 6059 of t	ne	I	n is Open to	Public
Employee Benefits Security A Pension Benefit Guaranty (For calendar plan year 2 Round off amounts Caution: A penalty o A Name of plan JANUS MEDICAL PC DE	dministration orporation D11 or fiscal pl co nearest do \$1,000 will be	Retirement Inc. Fi an year beginning Ilar. assessed for late	ome Security Ad Internal Rev Ie as an attach 12/31/2011	ct of 1974 (ERI venue Code (th ment to Form	SA) and s e Code). 5500 or 5	ection 6059 of t	ne	I		Public
Pension Benefit Guaranty of For calendar plan year 2 Round off amounts Caution: A penalty of A Name of plan JANUS MEDICAL PC DE	orporation 011 or fiscal pl co nearest do \$1,000 will be	an year beginning Ilar. e assessed for late t	le as an attach 12/31/2011 filing of this repo	ment to Form	5500 or 5		ng 12/30		nspection	
 Round off amounts Caution: A penalty o A Name of plan JANUS MEDICAL PC DE 	o nearest do \$1,000 will be	an year beginning Ilar. e assessed for late t	12/31/2011 filing of this repo				ng 12/30	/2012		
 Round off amounts Caution: A penalty o A Name of plan JANUS MEDICAL PC DE 	o nearest do \$1,000 will be	llar. e assessed for late t		ort unless reaso	onable cau		0			
A Name of plan JANUS MEDICAL PC DE				ort unless reaso	nable cai					
JANUS MEDICAL PC DE	FINED BENE	FIT PENSION PLA	NI			use is establishe	ed.			
						B Three-dig	it		001	
C Plan sponsor's name						plan num	per (PN)	•		
C Plan sponsor's name										
	s shown on li	ne 2a of Form 5500	or 5500-SF			D Employer	dentificatio	on Number	(EIN)	
JANUS MEDICAL PC						26-1960118				
					· •		7			
E Type of plan: X Singl		e-A Multiple-B	ľ	F Prior year pla	an size: X	100 or fewer	101-500) More	than 500	
Part I Basic Infe	rmation									
1 Enter the valuation	late:	Month <u>12</u>	Day <u></u> 30	Year 2	2012	-				
2 Assets:										4004.00
							2a			429182
-					(4) N		. 2b	(0)	F	429182
8 8 1	•	reakdown: eneficiaries receivir	na povropt	3a	(1) NI	umber of particip	oants 0	(2)	Funding Targ	
_	•	pants	01 5				0			0
C For active part	•	panto								
				3c(1)			-			0
							-			356189
(3) Total acti	'e						1			356189
d Total				3d			1			356189
4 If the plan is in at-ris	k status, chec	k the box and comp	olete lines (a) an	nd (b)						
a Funding target	disregarding p	orescribed at-risk as	sumptions				. 4a			
		sk assumptions, bu					4b			
		ive consecutive yea	irs and disregard	ding loading fac	ctor					1 00 0/
5 Effective interest ra6 Target normal cost.	-						. 6			4.90 % 65213
b Target normal cost. Statement by Enrolled										
To the best of my knowledge accordance with applicable is combination, offer my best e	the information su w and regulations.	In my opinion, each othe	r assumption is reaso							
SIGN										
HERE								06/26/2	2013	
		ignature of actuary						Date		
THEODORE ANDERSEN								11-02		
	Туре	or print name of act	uary				Most red		nent number	
PENSION ASSOCIATES						- <u> </u>			56-0306	
2001 WEST MAIN STREE STAMFORD, CT 06902	T, SUITE 230	Firm name				Ιe	lephone n	umber (incl	uding area co	de)
		Address of the firm				-				
If the actuary has not fully instructions	eflected any i	egulation or ruling	promulgated und	der the statute	in comple	ting this schedu	le, check t	he box and	see	

F

Pa	art II	Beginning of year	carryove	er and prefunding bala	ances						
						(a) C	Carryover balance		(b)	Prefundi	ng balance
7		0 0 1 7		cable adjustments (line 13 fro	•			0			51141
8				unding requirement (line 35 f				0			0
9	Amount	remaining (line 7 minus li	ne 8)					0			51141
10	Interest	on line 9 using prior year'	s actual ret	urn of <u>-1.24</u> %				0			-634
11	Prior ye	ar's excess contributions	o be addeo	to prefunding balance:							
	a Pres	sent value of excess contri	butions (lin	e 38 from prior year)							84770
				rate of <u>5.12</u> % except							0
	c Tota	I available at beginning of c	urrent plan y	year to add to prefunding balar	nce						84770
	d Port	ion of (c) to be added to p	refunding b	alance							0
12	Other re	eductions in balances due	to elections	s or deemed elections				0			0
13	Balance	e at beginning of current ye	ear (line 9 +	- line 10 + line 11d – line 12)				0			50507
P	art III	Funding percent	ages								
14	Funding		-							14	105.61 %
				je						15	134.91 %
	Prior ye	ar's funding percentage fo	or purposes	of determining whether carry	yover/prefu	unding balan	ices may be used	to reduce	;	16	91.33 %
17				s less than 70 percent of the						17	%
P	art IV	Contributions an	d liauidi	ty shortfalls							
				ear by employer(s) and empl	lovees:						
	(a) Dat IM-DD-Y	e (b) Amount p	aid by	(c) Amount paid by employees	(a) [(MM-DE		(b) Amount pa employer(s		(nt paid by oyees
<u> </u>	2/17/2012	, , , ,	30000	0		,		,		<u> </u>	
03	3/06/2013		110264	0							
		ł	Į		Totals ►	18(b)		140264	18(c)		
19	Discour	ted employer contribution	s – see inst	tructions for small plan with a	valuation	date after th	e beginning of the	e vear:			
				imum required contributions			F	19a			0
				djusted to valuation date			-	19b			0
				, uired contribution for current ye				19c			138697
20		ly contributions and liquidi			, ,						
			•	he prior year?							Yes 🗙 No
				tallments for the current year							Yes No
	C If 20a	is "Yes," see instructions	and compl	ete the following table as app							
				Liquidity shortfall as of en	d of quarte	(-)				(4) 41	
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4th	1
			1		1						

Page **3**

Ра	rt V	Assumptio	ns used to determine	unding target and tar	rget no	rmal cost		
21	Discou	unt rate:						
	a Se	gment rates:	1st segment: 1.66%	2nd segment: 4.47%		3rd segment: 5.52 %		N/A, full yield curve used
	b Ap	plicable month	(enter code)	·			21b	0
22	Weigh	ited average ret	irement age				22	62
23	Mortal	ity table(s) (see	e instructions) X Pro	escribed - combined	Presc	ribed - separate	Substitu	te
Ра	rt VI	Miscellane	ous items					
24		-	nade in the non-prescribed ac	•		•		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instru	uctions re	garding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see i	instructio	ns regarding required	attachment	Yes X No
27			or (and is using) alternative fu				27	
Ра	rt VII	Reconcilia	ation of unpaid minimu	um required contribut	tions fo	or prior years		
28	Unpai		uired contributions for all prior	•			28	0
29			contributions allocated toward				29	0
30	Rema	ining amount of	unpaid minimum required co	ntributions (line 28 minus line	e 29)		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	65213
	b Exc	cess assets, if a	pplicable, but not greater thar	1 31a			31b	20011
32	Amort	ization installme	ents:			Outstanding Bala	nce	Installment
	a Net	t shortfall amorti	ization installment				0	0
	b Wa	iver amortizatio	n installment				0	0
33			approved for this plan year, er Day Year				33	
34	Total f	unding requirer	nent before reflecting carryov	er/prefunding balances (lines	s 31a - 3′	lb + 32a + 32b - 33)	34	45202
				Carryover balance		Prefunding balar	nce	Total balance
35			use to offset funding		0		0	0
36	Additio	onal cash requir	ement (line 34 minus line 35)				36	45202
37			d toward minimum required c				37	138697
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)				
	a Tot	al (excess, if an	y, of line 37 over line 36)				38a	93495
	b Por	tion included in	line 38a attributable to use of	prefunding and funding star	ndard car	ryover balances	38b	0
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36	6 over line	e 37)	39	0
40	Unpai	d minimum requ	uired contributions for all years	3			40	
Pa	rt IX	Pension f	unding relief under Pe	ension Relief Act of 20	010 (se	e instructions)		
41	If a sho	ortfall amortizati	ion base is being amortized p	ursuant to an alternative amo	ortization	schedule:		
	a Sche	edule elected						2 plus 7 years 15 years
	b Eligi	ble plan year(s)) for which the election in line	41a was made				
42	-		n adjustment				42	
			celeration amount to be carrie				43	

	Form 5500-SF		Return/R Benefit	eport of Small Employe	ee	OMB Nos. 1210-0110 1210-0085
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employe	a.	2011
Emp	Department of Labor loyee Benefits Security Administration	Retirement Income Security Act	of 1974 (EF	IISA), and section 6057(b) and 6058(Code (the Code).		This Form is Open to Public
P	ension Benefit Guaranty Corporation	► Complete all entries in accor	dance with	the instructions to the Form 5500	-SF.	Inspection
Pa	art I Annual Report I	dentification Information			*****	
Fort	he calendar plan year 2011 or fi	scal plan year beginning	12/31	./2011 and ending	12	2/30/2012
Å T	his return/report is for:	x a single-employer plan] a multiple-	employer plan (not multiemployer)		a one-participant plan
Вт	This return/report is:	the first return/report] the final re	turn/report		
		an amended return/report	a short pla	n year return/report (less than 12 mont	hs)	
C c	Sheck box if filing under:	G Form 5558	automatic	extension	I	DFVC program
7.7		니 Special extension (enter description	1		1	
~	All Desis Diss Infe		*	เลาะการที่สายครามสายสายสายสายสายสายสายสายสายสายสายสายสายส		
	rt II Basic Plan Infor Name of plan	rmation enter all requested info	rmation.		16	Three-digit
3 64 -	· · · · •					plan number
	Janus Medical PC Defi	ined Benefit Pension Plan				(PN) ► 001
					10	Effective date of plan 12/31/2007
2a	Plan sponsor's name and addre Janus Medical PC	ess; include room or suite number (em	ployer, if for	single-employer plan)	2b	Employer Identification Number
					20	(EIN) 26-1960118
	ana antara any amin'ny tanàna mandritry amin'ny tanàna mandritry amin'ny tanàna mandritry amin'ny tanàna dia da				26	Plan sponsor's telephone number (718) 821-0643
	121 Croyden Court				2d	Business code (see instructions)
υs	Albertson	NY 11507				621111
3а		address (If same as plan sponsor, ente	er "Same")		36	Administrator's EIN
	Same					
					3c	Administrator's telephone number
4	If the name and/or EIN of the ol	lan sponsor has changed since the las	t return/repoi	t filed for this plan, enter the	4b	FIN
•	name, EIN, and the plan number		e e elemente de la companya	and the second former and the second	4c	
	Sponsor's Name	an a				
5a b		the beginning of the plan year		an a	5a 5b	
2.0		count balances as of the end of the pla				
		· · · · · · · · · · · · · · · · · · ·			5c	
		ring the plan year invested in eligible a			×, •	••••• XYes No
b	Are you claiming a waiver of the	e annual examination and report of an See instructions on waiver eligibility and	independent	qualified public accountant (IQPA)		
		ee instructions on waiver eligibility and ir 6a or 6b, the plan cannot use Form			* •	XYes No
	rt III Financial Inform		10000-01-0	nu must materia use i onni 5500.		n se
7	Plan Assets and Liabilities	JACKEN ET		(a) Beginning of Year	<u> </u>	(b) End of Year
a	Total plan assets	م م کار	. 7a	422,440	+	569,497
b	Total plan liabilities		. 7b	0	1	0
	Net plan assets (subtract line 7)	b from line 7a)	70	422,440	1	569,497
	Income, Expenses, and Transfe			(a) Amount	1.	(b) Total
а	Contributions received or received	vable from:			Sile 1	
	(1) Employers	* * * * * * * * * * * *	. <u>8a(1)</u>	140,264	-	
	(2) Participants	* * * * * * * * * * * *	. 8a(2)	0	133	
	(3) Others (including rollovers)		. 8a(3)	0	133	
	Other income (loss)		. 8b	36,793		
	Total income (add lines 8a(1), 8 Benefits paid (including direct re	Ba(2), 8a(3), and 8b)	. <u>8c</u>			177,057
	to provide benefits)		. 8d	30,000		
		ve distributions (see instructions)	. 8e	0		
f	Administrative service providers	(salaries, fees, commissions)	. 8f	0		
g	Other expenses	* * * * * * * * * * *	. 8g	Ó		
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	. 8h			30,000
J.	Net income (loss) (subtract line	8h from line 8c)	. <u>8</u> ì			147,057
i	Transfers to (from) the plan (see	e instructions)	. Ri	0		

Form	5500	-SF	2011	
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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 3B

Page 2-

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

SIGN HERE

10	During the plan year:			Yes	No	Am	ount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Program)	· · · · · [1)a	X .	L		
D	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)		ana tanàn tanàn tanàn tanàn tanàn kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaomini)b	x			
C	Was the plan covered by a fidelity bond?	\$ \$ \$ \$ \$ \$ \$ \$	1)c	x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		· · · · · · · · · · · · · · · · · · ·)d	x			
e	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of i instructions.)	the benefits under the	plan? (See	le	x			
f	Has the plan failed to provide any benefit when due under the plan?	* * * * * * * *	11)f	x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	fyear end.))g	x		·····	
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		FR 1	In In	x			
Ï	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3			11				
Part	VI Pension Funding Compliance	<u></u>		···· Ł	1	Energies in the designment spect		<u></u>
11	Is this a defined benefit plan subject to minimum funding requirement 5500))						XYes [
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	uirements of section 4					Yes [XNq
a Ify	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		Month	nd ente	the da Day	te of the letter i ' Ye	ruling ar	
b	Enter the minimum required contribution for this plan year			Г	125	[
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus		• •	12c 12d		·····	
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			A	Yes	No T	
Part					<u> </u>			·····
13a	Has a resolution to terminate the plan been adopted in any plan year if "Yes," enter the amount of any plan assets that reverted to the emp				13a	• • • • 1	Yes [XNo
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another pla	an, or brought under th	e contro	l			
c	of the PBGC?	his plan to another pla	n(s), identify the plan(s		* *	· · · · · [Yes [XNo
1:	c(1) Name of plan(s):			13	c(2) El	N(s)	13c(3) Pl	N(s)
	n de des martes en la secta de la facta de la facta de la secta de la secta de la secta de la secta de la sect 2		- "The only of the other states of the state					
					******* ÷			
Cautio	n: A penalty for the late or incomplete filing of this return/report v	vill be assessed unle	ss reasonable cause	is estab	lished.			
Under SB or S	enalties of perjury and other penalties set forth in the instructions, I de chedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.	clare that I have exan	nined this return/report	includir	q. if ap	olicable, a Sch	edule and	1
SIGN	14-0-0		Dr. Mukul Arya			Malaya Marina ang ana ang ang ang ang ang ang ang a		
	Signature of plan administrator	Date	Entername of individ	ial signi		ian administrat	or	

	1	i wither traine of merecence orginity as platt autititionally
Mart		Dr. Mukul Arya
Signature of employer/plain sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB	Single Employer	Dofine		nofit Plan		OMB	No. 1210-0110
(Form 5500)	Single-Employer Actuaria				-		
Department of the Treasury	Actualia		natio				2011
Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be fil Retirement Income Security Act or Internal Reven	f 1974 (ERI	SA) and s	ection 6059 of the	. -		n is Open to Public Inspection
Pension Benefit Guaranty Corporation	File as an attachme	ent to Form	5500 or	5500-SF.			• • •
For calendar plan year 2011 or fiscal	plan year beginning 12/31,	/2011		and ending	, 12,	/30/2012	
Round off amounts to nearest dependence	ollar.						
	e assessed for late filing of this report u	unless reaso	onable ca	_			
A Name of plan	Densfit Densise Dies			B Three-digit			0.01
Janus Medical PC Defined :	senerit Pension Plan			plan numb		•	001
	· · · · · · · · · · · · · · · · · · ·	·					
C Plan sponsor's name as shown on	ine 2a of Form 5500 or 5500-SF			D Employer Ide	entificat	ion Number (EIN)
Janus Medical PC				26	-1960	0118	
E Type of plan: X Single Multip	le-A Multiple-B	Prior vear p	lan siza F	x 100 or fewer]101-5		e than 500
			ian size. [.				
Part I Basic Information				<u></u>			
Enter the valuation date: Assets:	Month <u>12</u> Day <u>30</u>	Year_	2012		·		
				ſ	2a	20101010100000000000000000000000000000	429,182
				ŀ	 2b		429,182
3 Funding target/participant count	· · · · · · · · · · · · · · · · · · ·		r	lumber of participa	nts	(2)	Funding Target
	beneficiaries receiving payment	. 3a			0	<u>~</u>	0 O
· · ·	cipants	. 3b			0		0
c For active participants:							
(1) Non-vested benefits		. 3c(1)]				0
(2) Vested benefits		· 3c(2)					356,189
(3) Total active		. <u>3c(3)</u>			1		356,189
d Total	• • • • • • • • • • • • • • • • • • • •	. 3d			1		356,189
4 If the plan is in at-risk status, che	ck the box and complete lines (a) and ((b)	•••••				
a Funding target disregarding	prescribed at-risk assumptions		•••••		4a		
	risk assumptions, but disregarding trans five consecutive years and disregarding			nat have been	4b		· · · · · · · · · · · · · · · · · · ·
			•••••		5		4.90
					6		65,213
accordance with applicable law and regulation combination, offer my best estimate of anticipa	supplied in this schedule and accompanying schedu s. In my opion, each other assumption is reasonable ated experience under the plan.						
SIGN HERE	of a					06/26/20	13
	Signature of actuary					Date	
	sen, M.A.A.A., MSPA		1 101	<u> </u>		11-02034	
Type Pension Associa	or print name of actuary					ecent enrolim 03) 356-0	
	Firm name			 Tele			uding area code)
2001 West Main	Street, Suite 230						J,
US Stamford	CT 06902						
	Address of the firm						<i></i>
If the actuary has not fully reflected any instructions	regulation or ruling promulgated under	r the statute	in comple	eting this schedule	, check	the box and	see

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

Page Z

Pa	rt II	Beginning of year	carryove	er and prefunding bala	ances						
						(a) (Carryover balance		(b) F	Prefundi	ng balance
7	· Dalaitee at beginning et priet year alter applieable aajaetinente (inte te trem priet										F1 1 1 1
	year)							0			51,141
8	8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)							o			0
9								-			<u>_</u>
								0			51,141
<u>10</u> 11				turn of <u>-1.24</u> %	•••••			0			(634)
	•	ar's excess contributions						-			
	-	ent value of excess contri	· ·	,				-			84,770
				rate of <u>5.12</u> % excep	ot as						0
		•	,	In year to add to prefunding b	alance						84,770
				alance				-			0
12				s or deemed elections				0			0
				+ line 10 + line 11d - line 12)				0			50,507
	art III	Funding percent		,							
		• • •	-							. 14	105.61 %
-				ge						. 15	134.91 %
				s of determining whether carry							134.91 /0
										16	91.33 %
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage						%				
Pa	art IV	Contributions an	d liquidi	ity shortfalls							
18	Contribu	itions made to the plan fo	r the plan y	ear by employer(s) and employer	oyees:						
		a) Date	(b) Amount				unt paid by				
		D-YYYY)	employe	r(s)		emp	loyees				
	12/17/2012 30,000 03/06/2013 110,264										
03/	/06/201	.3 1	.10,264								
					Totals	▶ 18(b)			64 18(c)		
					.,		140,2	64 10(0)			
 19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year: 2 Operative instructions and a static structure of the instruction of the second structure of											
	a Contributions allocated toward unpaid minimum required contribution from prior y						•••••••	19a			0
b Contributions made to avoid restrictions adjusted to valuation date						•••••••••••••••••••••••••••••••••••••••	19b			0	
	C Contributions allocated toward minimum required contribution for current year adj					justed to va	luation date	19c			138,697
20		y contributions and liquid	-					L			-
a Did the plan have a "funding shortfall" for the prior year?							•••••	••••	····· _	Yes 🕱 No	
	${f b}$ If 20a is "Yes," were required quarterly installments for the current year made in a					a timely mai	nner?		•••••		Yes No
	C If 20a	is "Yes," see instructions	and comp	lete the following table as app							
		(1) 1st		Liquidity shortfall as of end (2) 2nd	of Quarte	er of this pla (3)	n year 3rd	1		(4) 4t	h
(1) 1St					(3)		1		<u>(</u> -+) +(

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

21	Discount rate:							
	a Segment rates:	1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used		
		1.66 %	4.47 %	5.52 %				
			•••••		21b	0		
	2 Weighted average retirement age							
23	Mortality table(s) (see	e instructions) X Pr	escribed - combined Pres	scribed - separate	Substitu	te		
Pa	rt VI Miscellane	eous items						
24	•	•	uarial assumptions for the current					
			••••••					
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment .	Yes 🕱 No		
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachmen	t • • • • • • • • • • • • • • • • • • •		
27	If the plan is eligible f	or (and is using) alternative fu	nding rules, enter applicable code	and see instructions	27			
			•••••					
Pa	rt VII Reconcili	ation of unpaid minimu	Im required contributions	for prior years				
28	Unpaid minimum req	uired contribution for all prior y	ears		28	0		
29			I unpaid minimum required contrib		29	0		
20					30	0		
			tributions (line 28 minus line 29).		30	0		
Pa	rt VIII Minimum	required contribution	or current year					
31	Target normal cost, a	adjusted, if applicable (see inst	ructions)					
	a Target normal cost	(line 6)	•••••		31a	65,213		
	b Excess assets, if a	pplicable, but not greater than	31a	•••••	31b	20,011		
32	Amortization installm	ents:		Outstanding Bala	ance	Installment		
	a Net shortfall amorti	zation installment	••••••		0	0		
	b Waiver amortization	n installment	•••••		0	0		
33			ter the date of the ruling letter grar		33			
	(Month	Day Year) and the waived amount .					
34	Total funding requirer	nent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	45,202		
			Carryover balance	Prefunding Bala	ince	Total balance		
35	Balances elected to u	use to offset funding						
	requirement		0		0	0		
		, ,	•••••		36	45,202		
37			ontribution for current year adjuste		37			
	,		•••••		-	138,697		
	38 Present value of excess contributions for current year (see instructions)							
	a Total (excess, if any, of line 37 over line 36) 38a 93,495							
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0							
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39							
40	40 Unpaid minimum required contribution for all years 40							
Pa	rt IX Pension	funding relief under Pe	ension Relief Act of 2010 (see instructions)				
41	If a shortfall amortizati	on base is being amortized pu	rsuant to an alternative amortization	on schedule:				
	a Schedule elected							
	b Eligible plan year(s) for which the election in line 41a was made							
42	42 Amount of acceleration adjustment							
			l over to future plan years		43			

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

Janus Medical PC Defined Benefit Plan 26-1960118 / 001

For the plan year 12/31/2011 through 12/30/2012

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, line 19 -

Discounted Employer Contributions

Janus Medical PC Defined Benefit Plan

26-1960118 / 001 For the plan year 12/31/2011 through 12/30/2012 Valuation Date: 12/30/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adju Quart
Deposited Contribution	12/17/2012	\$30,000			
Applied to Quarterly Contribution	4/14/2012	10,171	9,873	0	10,
Applied to Quarterly Contribution	7/14/2012	10,171	9,988	0	10,
Applied to Quarterly Contribution	10/14/2012	9,658	9,596	0	9,
Deposited Contribution	3/6/2013	\$110,264			
Applied to Quarterly Contribution	10/14/2012	513	499	0	
Applied to Additional Contribution	12/30/2012	94,307	93,495	0	
Applied to MRC	12/30/2012	5,273	5,228	0	
Applied to Quarterly Contribution	1/14/2013	10,171	10,018	0	10,
Totals for Deposited Contribution		\$140,264	\$138,697	\$0	\$40,

Schedule SB, Part V Summary of Plan Provisions

26-1960118 / 001

For the plan year 12/31/2011 through 12/30/2012

Employer:	Janus Medical PC				
Type of Entity -	S-Corporation				
	EIN: 26-1960118	TIN:	Plan #: 001		
Dates:	Effective - 12/31/2007	Year end - 12/30/2012	Valuation - 12/30/2012		
Eligibility:	All employees excluding	non-resident aliens, membe	ers of an excluded class and union		
	Minimum age - 21 Mor	nths of service - 12			
Hours Required for -	Eligibility - 1000	Benefit accrual - 500	Vesting - 1000		
Plan Entry -	12/31 or 06/30 the plan ye 2/12/2008 enter on2/12/2		gibility satisfaction However, those		
Retirement: Normal -	Attainment of age 62 and	completion of 10 years of	participation		
Early -	Not provided				
Average Compensation:	Highest 3 consecutive ye	ars of service			
Top Heavy Minimum Benefit -	Highest 3 consecutive top heavy years of participation				
Plan Benefits: Retirement -	Derived from the unit crea	dit benefit formula below ro	unded to the nearest dollar:		
	10% of average monthly	compensation per year of	f service beginning year 1 limited to		
Accrued Benefit -	Unit credit based on servi	ice			
	Minimum Benefit - None				
	Maximum Benefit - None				
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 41 distribution, which is the lesser amount computed using a) 5.5% interest and the Applica b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum				
Death Benefit -	Present Value of Accrued	l Benefit			
Top Heavy Minimum:	None				
IRS Limitations:	415 Limits - Perce	ent: 100 Dollar: \$20	0,000		
	Maximum 401(a)(17) com	pensation - \$245,000			
Normal Form:	Life Annuity				
Optional Forms:	Lump Sum Life Annuity Guaranteed t Joint with 50%, 75% or 10				
Vesting Schedule:	100% vested in 3 years. Service is calculated usin	g all years of service excep	ot years prior to plan effective date		

Schedule SB, Part V Summary of Plan Provisions

Janus Medical PC Defined Benefit Plan

26-1960118 / 001

For the plan year 12/31/2011 through 12/30/2012

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

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

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	2.20
	Segment 2	6 - 20	4.18
	Segment 3	> 20	4.81
)

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

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -		5% 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Janus Medical PC Defined Benefit Plan

26-1960118 / 001

For the plan year 12/31/2011 through 12/30/2012

Funding Method: As Age - Elig Retrospective Compensation - Hig Form of Payment - Ass the App equ exc	essumed form of payn e greater of the pres oplicable Mortality Ta juivalence discounte ceed 415 maximum	rthday and years of s nent for fu able or lun d using ap allowable y Table or Valuation D	d other ages service nding is lum of accrued b popropriate se distribution, b) the great	at last birthday p sum equivalent of normal form. Funding benefit computed using funding segment ra e assumed retirement date of accrued ben- egment rate. Lump sum on plan actuarial er which is the lesser amount computed usin ter of plan actuarial equivalence interest an
Age - Elig Retrospective Compensation - Hig Form of Payment - Ass the App equ exc the Mir	ghest 3 consecutive ssumed form of payn e greater of the pres oplicable Mortality Ta juvalence discounte cceed 415 maximum e Applicable Mortalit inimum	rthday and years of s nent for fu able or lun d using ap allowable y Table or Valuation D	d other ages service nding is lum of accrued b popropriate se distribution, b) the great	p sum equivalent of normal form. Funding benefit computed using funding segment ra e assumed retirement date of accrued ben egment rate. Lump sum on plan actuarial e which is the lesser amount computed usin
Age - Elig Retrospective Compensation - Hig Form of Payment - Ass the App equ exc the Mir	ghest 3 consecutive ssumed form of payn e greater of the pres pplicable Mortality Ta juivalence discounte cceed 415 maximum e Applicable Mortalit inimum Segment rates for the	years of s nent for fu ent value able or lun d using ap allowable y Table or Valuation D	service nding is lum of accrued b np sum at the propriate se distribution, b) the great	p sum equivalent of normal form. Funding benefit computed using funding segment ra e assumed retirement date of accrued ben egment rate. Lump sum on plan actuarial e which is the lesser amount computed usin
Form of Payment - Ass the App equ exc the Mir	e greater of the pres oplicable Mortality Ta juivalence discounte icceed 415 maximum e Applicable Mortalit inimum Segment rates for the	nent for fu ent value able or lun d using ap allowable y Table or Valuation D	nding is lum of accrued b np sum at th ppropriate se distribution, b) the great	enefit computed using funding segment ra e assumed retirement date of accrued ben gment rate. Lump sum on plan actuarial en which is the lesser amount computed usin
Form of Payment - Ass the App equ exc the Mir	e greater of the pres oplicable Mortality Ta juivalence discounte icceed 415 maximum e Applicable Mortalit inimum Segment rates for the	nent for fu ent value able or lun d using ap allowable y Table or Valuation D	nding is lum of accrued b np sum at th ppropriate se distribution, b) the great	enefit computed using funding segment ra e assumed retirement date of accrued ben gment rate. Lump sum on plan actuarial en which is the lesser amount computed usin
the App equ exc the Mir	e greater of the pres oplicable Mortality Ta juivalence discounte ceed 415 maximum e Applicable Mortalit inimum Segment rates for the	ent value able or lun d using ap allowable y Table or Valuation D	of accrued b np sum at the opropriate set distribution, b) the great	enefit computed using funding segment ra e assumed retirement date of accrued ben gment rate. Lump sum on plan actuarial en which is the lesser amount computed usin
Interest Rates -			ate as	
5	Segment #	Year	Rate %	
5	Segment 1	0 - 5	1.66	
5	Segment 2	6 - 20	4.47	
:	Segment 3	> 20	5.52	
Pre-Retirement - Mo	ortality Table -	None		
Tu	rnover/Disability -	None		
Sal	alary Scale -	None		
Ex	pense Load -	None		
And	ncillary Ben Load -	None		
Post-Retirement - Mo	ortality Table -	12C - 20	012 Funding	Target - Combined - IRC 430(h)(3)(A)
Co	ost of Living -	None		
Lur	ımp Sum -	or	0	Target - Combined - IRC 430(h)(3)(A) at 5 ble Mortality Table for 417(e) (unisex)
Asset Valuation Method: Fai	air market value of as			tributions 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

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Janus Medical PC Defined Benefit Plan 26-1960118 / 001

For the plan year 12/31/2011 through 12/30/2012

410(b)/401(a)(4) Testing:

Pre-Retirement -	Interest -	8%	
Post-Retirement -		8% U84 - 1984 Unisex	
Permissively Aggregated Plans -	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		