#### 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) automatic extension Form 5558 DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number DR. KALPANA ARYA DEFINED BENEFIT PLAN 001 (PN) **>** 1c Effective date of plan 01/02/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KALPANA ARYA-GUPTA PHYSICIAN PC 20-1624332 (EIN) 2c Sponsor's telephone number 718-326-0400 12 RIDGE COURT **OLD BROOKVILLE, NY 11545** Business code (see instructions) 621111 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 07/12/2013 KALPANA ARYA-GUPTA SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator 07/12/2013 SIGN Filed with authorized/valid electronic signature. KALPANA ARYA-GUPTA **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) PENSION ASSOCIATES 203-356-0306 2001 WEST MAIN STREET SUITE 230 STAMFORD, CT 06902

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	37538				(~) =		410584	4	
	Total plan liabilities	7b		0							
	Net plan assets (subtract line 7b from line 7a)	7c	37538	36				4	110584	1	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total			
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3519	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							35198	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(	0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3519	8	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Char	acteris	tic Coc	des in	the instru	ıctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code	es in t	ne instrud	tions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		Alli	Juni		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's	•	•			Х					
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		Χ					
f	Has the plan failed to provide any benefit when due under the plan				$\dashv$	Χ					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g		X					
h	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
11a						11a		·			0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se			ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and er	nter th Day	e date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
b	Enter the minimum required contribution for this plan year				′	12b					

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			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

### 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

2012

This Form is Open to Public Inspection

For	calendar	· plan	year 2012	or fiscal plan y	ear beginning (	01/02/2012	2		and	ending	01/01	/2013			
				nearest dollar.											
			nalty of \$1	,000 will be ass	sessed for late filing of	of this rep	ort unless rea	sonable ca	ause is estat	lished.			1		
	Name of p		OVA DEEIN	NED BENEFIT I	DI AN				<b>B</b> Thre	e-digit				001	
טול.	NALFAI	м/\ /\R	CIA DEFI	NED DENEELI I	LAN				plan	number	(PN)	<u> </u>			
C F	Plan spon	sor's	name as s	shown on line 2	a of Form 5500 or 55	500-SF			<b>D</b> Emplo	yer Idei	ntification	n Numbe	er (EIN)		
				HYSICIAN PC					20-16243	-			,		
Ет	ype of pla	an: X	Single	Multiple-A	Multiple-B		<b>F</b> Prior year p	lan size:	X 100 or few	er	101-50	O Mor	e than 50	00	
Pa	art I	Basi	c Inforn	nation				_							
1			uation date		Month	Day02	2 Year	2012							
2	Assets:			-											
	<b>a</b> Mark	et valu	ue								2a				1531758
	<b>b</b> Actua	arial v	alue								2b				1531758
3	Funding	g targ	et/participa	ant count break	down:			(1) N	Number of pa	ırticipan	its	(:	2) Fundii	ng Target	t
	<b>a</b> For re	etired	participan	its and beneficia	aries receiving paym	ent	3a	, ,	·	•	0		,	0 0	C
	_										0				C
	<b>C</b> For a	ctive	participant	ts:											
	(1	) No	n-vested b	penefits			3c(1)				_				C
	(2)														1123724
	(3)	•									1				1123724
	<b>d</b> Total	•									1				1123724
4	If the pl	an is	in at-risk s	status, check the	e box and complete I	lines (a) aı	nd (b)		П						
					bed at-risk assumptio						4a				
		•	•	0.	umptions, but disrega										
					consecutive years and						4b				
5	Effectiv	e inte	rest rate								5				5.54 %
6	Target	norma	al cost								6				0
		•	olled Actu	•											
á	accordance	with app	plicable law a	nd regulations. In my	d in this schedule and accor y opinion, each other assum										
-	combination	, offer m	ny best estima	ate of anticipated exp	perience under the plan.										
_	IGN														
Н	ERE											06/2	4/2013		
				Signa	ture of actuary							Date	Э		
THE	ODORE	ANDE	ERSEN, M	I.A.A.A. M.S.P.	4							11-(	02034		
				Type or pr	rint name of actuary					ľ	Most re	cent enro	llment nu	ımber	
PEN	ISION AS	SOC	IATES									203-	356-030	)6	
200	1 WEST	N / A I N I	CTDEET		Firm name					Telep	hone n	umber (in	cluding a	area code	∍)
	MFORD			SUITE 230											
				Add	ress of the firm				_						
If the	actuary	has n	ot fully refl	ected any requi	lation or ruling promu	ildated un	der the statut	in compl	leting this sol	nedula	check t	he hov ar	nd see		П
	uctions		5. Tany 1011	color any rogu	.cor raining profite	ga.coa ari	ino otatut	compi		.oudio,	SHOOK L	55% (1)	000		Ш

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Baland	es							
							(a) (	Carryover balance		(b) F	Prefundi	ng balar	ice
7					cable adjustments (line 13 f				0			;	331634
8			•	•	funding requirement (line 35				0				0
9									0				331634
10	Interest	on line 9	using prior year's	s actual re	turn of1.00%				0				3316
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:								
	<b>a</b> Prese	nt value	of excess contrib	utions (line	38a from prior year)								0
					interest rate of2.94 %								0
	<b>C</b> Total a	available	at beginning of cur	rent plan y	ear to add to prefunding balar	ce							0
	<b>d</b> Portio	on of (c) t	to be added to pre	efunding ba	alance								0
12	Other re	ductions	in balances due	to election	s or deemed elections				0				0
13	Balance	at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12				0			;	334950
P	art III	Fun	ding Percenta	ages									
14	Funding	target a	ttainment percent	age							14	10	6.50 %
15	Adjusted	d funding	target attainmen	t percenta	ge						15	13	5.31 %
16	•		0.		s of determining whether car		-	•			16	11:	5.98 %
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent of the	funding targe	et, enter s	such percentage			17		%
Pa	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18	Contribu	itions ma	ade to the plan for	the plan y	vear by employer(s) and emp	loyees:							
(N	(a) Date IM-DD-Y		( <b>b)</b> Amount pa employer(		(c) Amount paid by employees	(a) Da <sup>·</sup> (MM-DD-Y		<b>(b)</b> Amount pai employer(s		(0	c) Amou empl	nt paid l byees	у
							1400						
						Totals ►	18(b)		0	18(c)			0
19		•	•		tructions for small plan with			ĭ ĭ r					
					nimum required contributions				19a				0
					djusted to valuation date			_	19b				0
20					uired contribution for current y	ear adjusted to	o valuation	date	19c				0
20		•	outions and liquidit	-							Г	Yes	V No
		•	-		the prior year?							) 1	X No
					y installments for the current		ı a tımeıy	manner?				Yes	No
	C IT line	∠ua is "`	res, see instructi	ons and co	omplete the following table a Liquidity shortfall as of e		of this pla	n vear					
		(1) 1s	st		(2) 2nd	.a or quartor (	(3)	3rd			(4) 4th	1	
	<del></del>	·					<del></del>						·

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost					
21		ınt rate:		0 0						
	<b>a</b> Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ll yield	curve	e used
	<b>b</b> App	licable month (	enter code)	1	1	. 21b				0
22	Weigh	ted average ret	irement age			. 22				49
23	Mortal	ity table(s) (se	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	tuarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment			Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		. 29				0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct	,		T				
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				0
			<u> </u>	line 31a		. 31b				0
32		zation installme			Outstanding Bal	ance	Ir	stallm	ent	
						0				0
					L	0				0
33				ter the date of the ruling letter gra) and the waived amount		. 33				0
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	. 34				0
				Carryover balance	Prefunding bala	ince	To	tal bal	ance	
35			use to offset funding			0				0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				0
37	Contrib (line 19	outions allocate 9c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	. 37				0
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		, <u>, , , , , , , , , , , , , , , , , , </u>				
	<b>a</b> Tota	I (excess, if any	y, of line 37 over line 36)			. 38a				0
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40			•	S		. 40				
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	5)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	<b>a</b> Sche	edule elected				<u> </u>	2 plus 7 yea	rs	15	years
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	nt of acceleratio	n adjustment			. 42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		. 43				

#### 5500-SF Electronic Filing Authorization

Plan Name:

Dr. Kalpana Arya Defined Benefit Plan

EIN/PN:

20-1624332/001

Plan Year:

01/02/2012 - 01/01/2013

I hereby authorize Pension Associates to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor

(# i m)

, t m = 110

(date)

6/30/13

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor imployee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

-	Pension Benefit Guaranty Corporation	)0-SF.	İ	spection			
		dentification Information	1				
For	calendar plan year 2012 or fisc		01/02/2012	and ending	0)	1/01/2013	
A	This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
В	This return/report is:	the first return/report	the final return/report	.t			
	ŗ	an amended return/report	a short plan year retr	turn/report (less than 12 m	nonths)		
C	Check box if filing under:	Form 5558	automatic extension	i	Γ	DFVC progra	arri
	Ī	special extension (enter descr	ription)			_	
P	art II Basic Plan Infor	rmation enter all requested	Information				
	Name of plan					Three-digit	
	Dr. Kalpana Arya Def	fined Banefit Plan				plan number (PN) ►	001
					1c	Effective date of 01/02/2001	f plan
2a	Plan sponsor's name and add Kalpana Arya-Gupta I	iress; include room or suite numb Physician PC	er (employer, if for a single	e-employer plan)	· ·	Employer Identi (EIN) 20-16	lfication Number 24332
	12 Ridge Court					Sponsor's telepi (718) 326-	
	TT TITLE COME						(see instructions)
-	Old Brookville	NY 11545			<del></del>	621111	
За	Plan administrator's name and	d address X Same as Plan Sp	onsor Name Same as	Plan Sponsor Address	35	Administrator's I	EIN
4		plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN	
a	Sponsor's name	SHE HALL HIS INCH CONTRACTOR OF THE			4c	PN	
	· · · · · · · · · · · · · · · · · · ·	at the beginning of the plan year	MUNICANUTACKUÇAÇUÇÇÇÇÇÇÇÇÇÇÇÇÇÇÇÇÇ	**************************************	5a		1
b	Total number of participants a	at the end of the plan year	# KRACH CHONGARDAN BONGACALAGORS CONTROL FARENCE	1 <del>496-356-26168-6-5-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4</del>	5b		1
¢ 	complete this item)	ccount balances as of the end of	***************************************		5c		
	•	during the plan year invested in el	•			† presentarnym był kad	X Yes No
b		the annual examination and repor (See instructions on waiver eligibi		fied public accountant (IQF		**** <del>*******</del>	XYes No
T3g		her line 6a or line 6b, the plan c					
-		or incomplete filing of this retur					
SB	nder penalties of perjury and othe B or Schedule MB completed and elief, it is true, correct, and comp	ner penalties set forth in the instru nd signed by an enrolled actuary, blete.	ctions, I declare that I have as well as the electronic v	e examined this return/repor ersion of this return/repor	port, inc t, and to	cluding, if applic o the best of my	able, a Schedule knowledge and
1,35	57.564 <b>b</b>		6/20/13	Kalpana Arya-Gu	ıpta		<del></del>
	IGN K21 Jewor		Date Date	Enter name of individua		nn as olao admi	nistrator
187		angenta	6/30/13	Kalpana Arya-Gu		the man persons arrange over	FFFEE
	IERE Signature of employer/		Date	Enter name of individua		no as employer	or plan sponsor
		ame, if applicable) and address; is					number (optional)
	Pension Associates		The second secon	The Committee of the Co		203) 356-03	4.4.
	2001 West Main Stre				-	topics many in-	
	Suite 230						
	TO Objected	ሮም በፍርሰን					

Part	III Financial Information						,,,	
<b>7</b> PI	an Assets and Liabilities	1999 3233	(a) Beginning of Year	<u>.</u>			(b) End of	Year
<u>a</u> To	otal plan assets	7a	375,3	36				410,584
<u><b>b</b></u> To	otal plan liabilities	7b		0				
C No	et plan assets (subtract line 7b from line 7a)	7c	375,3	36	]			410,584
	come, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1	(a) Amount				(b) Tot	
	ontributions received or receivable from: ) Employers	8a(1)		o				and the second s
	) Participants	8a(2)		0	4.1		Se 30 50 2	
	Others (including rollovers)	8a(3)			VI.		# 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 - VIII - VII
	ther income (loss)	8b	35,1	98				
C To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1. y				35,198
d Be	anefits paid (including direct rollovers and insurance premiums	A			***************************************		7.4 ( ) 1.5 ( )	
	provide benefits)	8d		***********				
<u>e</u> Ce	ertain deemed and/or corrective distributions (see instructions)	89				_	e de la companya de La companya de la co	<u>an ing panggan ang kanggana</u>
f Ac	dministrative service providers (salaries, fees, commissions)	8f		Ò	April (	(Parting)		
go	her expenses	8g		0		1 77		
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u>i</u> Ne	et income (loss) (subtract line 8h from line 8c)	8i						35,198
<u>î</u> Tr	ansfers to (from) the plan (see instructions)	8j			100			
Part	V Plan Characteristics				,			
	1A the plan provides welfare benefits, enter the applicable welfare fea	iture codes	from the List of Plan Character	ristic (	Codes	in the	instructions:	, , , , , , , , , , , , , , , , , , ,
Part	V Compliance Questions							
	During the plan year:			,	Yes	No	Ar	nount
	Was there a fallure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduo			10a		ĸ	*******************************	
	Were there any nonexempt transactions with any party-in-interests on line 10a.)			10b		x		
panesan Canada and Can	Was the plan covered by a fidelity bond?			10c		x		
d	Old the plan have a loss, whether or not reimbursed by the plan's to dishonesty?	fidelity bon	d, that was caused by fraud	10d		x		
į	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	f the bene	fits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х		
***************************************	Did the plan have any participant loans? (If "Yes," enter amount as	***************************************	***************************************	10g		x		
***************************************	If this is an individual account plan, was there a blackout period? (	i		109		- N		
	2520.101-3.)			10h	100	x		
( 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Part	VII   Pension Funding Compliance				·			4.44
	is this a defined benefit plan subject to minimum funding requirem (5500) and line 11a below)							🗶 Yes 🔲 No
11a (	Enter the amount from Schedule SB line 39	######################################	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩			11a		O
12	is this a defined contribution plan subject to the minimum funding r	equiremer	nts of section 412 of the Code o	r sect	ion 30:	2 of El	RISA?	Yes 🗷 No
(	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)				. 404	
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instructi					letter ruling Year
lf yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and <u>skip to line 13.</u>					
<u>b</u>	Enter the minimum required contribution for this plan year	<del></del>	\$		******	12b		

***************************************	Form 5500-SF 2012	Page 3-	**********			
	Enter the amount contributed by the employer to the plan for this pla	n year	59 594000000011XX	12c	•	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	· •		12d		
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	*********		Yes 🔲	No 🗆 N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan yea	F? varauuuvuvuvavavavavakuhkovavanthtavkta+++++h+++++++++++++++++++++++++++++++	*********	☐ Y€	es 🗵 No	
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year	********	13a		
b	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?					Yes 🗓 No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify the	plan(s) to			
1	3c(1) Name of plan(s):	7 (6.1%)	13c	(2) EIN(	s)	<b>13c(3)</b> PN(s)
						·
Part	VIII. Trust Information (optional)					
14a i	Name of trust			14b To	rust's EIN	

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

Dr. Kalpana Arya Defined Benefit Plan 20-1624332 / 001 For the plan year 1/2/2012 through 1/1/2013

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 Statement of Actuarial Assumptions/Methods

#### Dr. Kalpana Arya Defined Benefit Plan 20-1624332 / 001

For the plan year 1/2/2012 through 1/1/2013

Valuation Date: 1/2/2012

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

.

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e)

Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.98
Segment 2	6 - 20	5.07
Segment 3	> 20	6.19

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table - None

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

Post-Retirement - Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

or

12E - 2012 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 Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

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

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table -

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

U84 - 1984 Unisex

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

# Schedule SB, Part V Summary of Plan Provisions

#### Dr. Kalpana Arya Defined Benefit Plan 20-1624332 / 001

For the plan year 1/2/2012 through 1/1/2013

**Employer:** Kalpana Arya-Gupta Physician PC

Type of Entity - S-Corporation

EIN: 20-1624332 TIN: Plan #: 001

**Dates:** Effective - 1/2/2001 Year end - 1/1/2013 Valuation - 1/2/2012

Top Heavy Years - 2009, 2010, 2011, 2012

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

Minimum age - 21 Months of service - 12

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

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

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

Early - Attainment of age 50 and completion of 10 years of participation

**Average Compensation:** Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

10% of average monthly compensation per year of participation beginning year 1 limited to 10

year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

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

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 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

<u>Vesting Schedule:</u> 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

### Dr. Kalpana Arya Defined Benefit Plan 20-1624332 / 001

For the plan year 1/2/2012 through 1/1/2013

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.07
Segment 2	6 - 20	4.45
Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

# 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).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachme	ent to Form	1 5500 or 3	5500-51.				
For	calendar plan year 2012 or fiscal plan year beginning 01/02/	/2012		and endin	g 01,	/01/2013		
►F	Round off amounts to nearest dollar.							
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable ca	use is establishe	:d.		,	
ΑN	ame of plan			B Three-dig	it			
Dr.	Kalpana Arya Defined Benefit Plan			plan numl	oer (PN)	<b>&gt;</b>	001	
C P	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			<b>D</b> Employer Id	lentificat	ion Number (	EIN)	
Kalı	pana Arya-Gupta Physician PC			2	0-162	1332		
Ет	ype of plan: Single	Prior year p	lan size: 🗵	100 or fewer	101-5	00 More	than 500	
Pa	rt I Basic Information							
1	Enter the valuation date: Month 01 Day 02	Year_	2012	_		***************************************		
2	Assets:							
	a Market value			•••••	2a			1,531,758
	<b>b</b> Actuarial value				2b			1,531,758
3	Funding target/participant count breakdown		(1) N	umber of particip	ants	(2)	Funding Ta	<del></del>
	<b>a</b> For retired participants and beneficiaries receiving payment	3a			0			0
	<b>b</b> For terminated vested participants	3b			0			0
	<b>C</b> For active participants:							
	(1) Non-vested benefits	3c(1)	1					0
	(2) Vested benefits		-					1,123,724
	(3) Total active				1			1,123,724
	d Total	<del></del>		40.0	1		171-114-44	1,123,724
4	If the plan is in at-risk status, check the box and complete lines (a) and	(b)						
-	a Funding target disregarding prescribed at-risk assumptions				4a			
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transiti	ion rule for p	plans that	have been in	4b		*****	
5	at-risk status for fewer than five consecutive years and disregardin				5			5.54 %
6	Effective interest rate	***************************************			6			
	ement by Enrolled Actuary	**********	***********		0	<u> </u>		0
T	o the best of my knowledge, the information supplied in this schedule and accompanying schedu ccordance with applicable law and regulations. In my opinion, each other assumption is reasonal ombination, offer my best estimate of anticipated experience under the plan.							
- 2010-00-00-00-00-00-00-00-00-00-00-00-00-	IGN JA A			wa		06/24/20	L3	
	Signature of actuary					Date		
	Theodore Andersen, M.A.A.A. M.S.P.A					11-02034		
	Type or print name of actuary				Most re	ecent enrollm	ent numbe	er
	Pension Associates				(2)	03) 356-0	306	
	Firm name			Te	lephone	number (incl	uding area	code)
	2001 West Main Street, Suite 230							
	US Stamford CT 06902				4			
<del></del>	Address of the firm							
If the	actuary has not fully reflected any regulation or ruling promulgated unde	r the statute	e in comple	eting this schedu	ile, chec	k the box and	see	

	 1	
Page 2		
i ugc 🛥		

Schedule	C R	(Form	SSOO)	2012

Pai	t II Bed	ginning of Year	Carryov	er Prefunding Balance	s							
Hande 2007 (2002)	QCC#589000909	<u> </u>		<u> </u>		(a)	Carryover balance		(b) F	Prefundi	ng balance	
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)			0 331			331,	634				
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					0				0		
9	Amount rema	aining (line 7 minus l	ine 8)			0 331,634				634		
10	Interest on li	ne 9 using prior year	's actual re	turn of1_00%						316		
11												
	a Present value of excess contributions (line 38a from prior year)					C				0		
				interest rate of <u>2.94</u> % e		0				0		
	<b>c</b> Total avai	ilable at beginning of	current pla	an year to add to prefunding ba	alance					0		
	<b>d</b> Portion of	f (c) to be added to p	refunding l	palance					0			
12	Other reduct	ions in balances due	to election	ns or deemed elections				0				0
13	Balance at b	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				Q	334,950			950
Pa	rt III F	unding Percent	ages									
enangun e cad										14	106.50	) %
				ge						15	136.31	
	Prior year's f	unding percentage for	or purpose	s of determining whether carry	over/pref	unding bala	inces may be used	to redu	ce	16	115.98	
17				is less than 70 percent of the						17		%
Pa	rt IV C	ontributions an	d Liquid	lity Shortfalls								
0.0010000000000000000000000000000000000			<del></del>	year by employer(s) and employer	ovees.		· · · · · · · · · · · · · · · · · · ·					
	(a) Date	(b) Amount p		(c) Amount paid by		a) Date	(b) Amount p	aid by	- I	(c) Amo	unt paid by	
(M)	M-DD-YYYY)	employer(	s)	employees	(MM-D	D-YYYY)	employer	(s)			loyees	
,												
TOUR HALL YOUS	ALCOHOM STATEMENT			III (III (III III III III III III III I								
					Totals	► 18(b)			<sub>0</sub> 18(c)			0
19	Discounted e	employer contribution	ns see in	structions for small plan with a	valuatio	n date after	the beginning of the	year:				
	a Contributions allocated toward unpaid minimum required contribution from prior years											
	b Contributions made to avoid restrictions adjusted to valuation date											
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 0											
20	20 Quarterly contributions and liquidity shortfalls:											
	a Did the plan have a "funding shortfall" for the prior year?											
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
	c If line 20a	is "Yes," see instruc	tions and o	complete the following table as	applicab	ole:						
				Liquidity shortfall as of end	- ' '		n year	I.				
	(1) 1st (2) 2nd (3) 3rd						(4) 4t	h				

		ons used to betermine	Funding rarget and rarg	et Normai Cost				
21		<b></b>						
	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield curve used		
	<b>b</b> Applicable month	(enter code)			21b	0		
22	Weighted average re	etirement age			22	49		
***************************************	Mortality table(s) (se			scribed - separate	Substitu			
		eous items				7F FF 7F 7		
24	· ·	•	tuarial assumptions for the curren	· · · · · · · · · · · · · · · · · · ·				
25						Yes X No		
		_ <del>.</del>			attachmei	nt Yes X No		
27		- · · · · · · · · · · · · · · · · · · ·	ter applicable code and see instru		27	, and the second		
			Danning Cantribution					
			ım Required Contribution		00			
			rears		28	0		
29	•		d unpaid minimum required contril		29	0		
30			ntributions (line 28 minus line 29)		30	0		
		Required Contribution						
31	<del>-</del>	ind excess assets (see instruct						
					31a	0		
	<b>b</b> Excess assets, if a	pplicable, but not greater than	line 31a	<u> </u>	31b	0		
32	Amortization installm	ents:		Outstanding Bala	nce	Installment		
	a Net shortfall amort	ization installment			0	0		
	<b>b</b> Waiver amortizatio	n installment			0	. 0		
33			ter the date of the ruling letter gra) and the waived amount.		33	o		
34	Total funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0		
			Carryover balance	Prefunding Bala	nce	Total balance		
35	Balances elected for	use to offset funding						
00			0		0	О		
36	Additional cash requi	irement (line 34 minus line 35)		<u> </u>	36	0		
	Contributions allocate	ed toward minimum required c	ontribution for current year adjuste		37	0		
20		······································						
		ess contributions for current ye			38a			
		<u> </u>				0		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0							
	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							
		uired contribution for all years			40			
Pai	t IX Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an election was mad	de to use PRA 2010 funding re	lief for this plan:					
	a Schedule elected.				[	2 plus 7 years  15 years		
	b Eligible plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011		
		·			42	A		
		<del></del>	d over to future plan years		43			
			, , , , , , , , , , , , , , , , , , ,					