Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accorporation	ordance wit	h the instructions to the Form 550	0-SF.	Ins	spection
P	art I Annual Report Identification Information				I	
For	calendar plan year 2011 or fiscal plan year beginning 12/31/20	011	and ending	2/30/2	012	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-partici	pant plan
	This return/report is:	the final r	eturn/report	L		
_	an amended return/report	□ □a short pla	an year return/report (less than 12 m	onths)		
_	남_	=	extension	Γ	DFVC progra	am
C	Check box if filing under: X Form 5558 special extension (enter descrip	ш	CATCHSION	L	_ Di vo progre	A111
D	<u></u>					
	art II Basic Plan Information—enter all requested infor	mation		1 h	There is all all	T
	Name of plan DER JAGWANI MD PA DEFINED BENEFIT PENSION PLAN				Three-digit plan number	
OOIVI	SER GAOWARI MID I A DEI INED DEREITT I ENGIGIT EAR				(PN) ▶	001
				1c	Effective date o	f plan
					01/01	/2007
	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b		fication Number
SUN	DER JÄGWANI MD PA			—	(=114)	49363
				2c	Sponsor's telep	
	OLO DRIVE			0-1	662-45	
JACr	(SON, MS 39211			2a 1	Business code (6211	(see instructions)
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	2")	3h	Administrator's	
	DER JAGWANI MD PA 39 POLO D	RIVE	.,			349363
	JACKSON,	MS 39211		3c /	Administrator's	telephone number
					662-459	9-0180
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	e last return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name	4c	PN			
	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			
C	Number of participants with account balances as of the end of the			36		
	complete this item)	. , ,	•	5c		
6a	Were all of the plan's assets during the plan year invested in elig	gible assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit	•	•			X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information	FOIII 3300-	or and must instead use Form 55	00.		
7	Plan Assets and Liabilities		(a) Paginning of Year		(b) End	of Year
a	Total plan assets	7a	(a) Beginning of Year		(b) Elia	1278206
b	Total plan liabilities		0			
C	Net plan assets (subtract line 7b from line 7a)		1021234			1278206
8		10			(b) 7	
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(u)	<u>Fotal</u>
ŭ	(1) Employers	8a(1)	225000			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)		31972			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					256972
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)					
e	Certain deemed and/or corrective distributions (see instructions)					
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>	0			
g	Other expenses		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
į	Net income (loss) (subtract line 8h from line 8c)					256972
j	Transfers to (from) the plan (see instructions)	8j				

Form 5500-SF 2011	

Diam Chamastaniatias

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

Page **2** - 1

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

p Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X X X		Amount							
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). C Was the plan covered by a fidelity bond?	X									
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (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 instructions, and granting the waiver. Month Month Define the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. C Enter 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). Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cof the PBGC? If d'uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) thich assets o										
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X									
instructions.)										
In the plan have any participant loans? (If "Yes," enter amount as of year end.)	X									
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X									
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	X									
exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR									
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 5500))										
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 5500))										
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year. 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) e Will the minimum funding amount reported on line 12d be met by the funding deadline? art VII Plan Terminations and Transfers of Assets 3a 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 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? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	· ·									
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No									
b Enter the minimum required contribution for this plan year	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
C Enter the amount contributed by the employer to the plan for this plan year	12b									
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) e Will the minimum funding amount reported on line 12d be met by the funding deadline? art VII Plan Terminations and Transfers of Assets 3a 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 employer this year	12c									
Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets 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 employer this year	12d									
Plan Terminations and Transfers of Assets 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 employer this year		Yes	No 📗	N/A						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cof the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)										
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cof the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)		Yes X	No							
of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)										
which assets or liabilities were transferred. (See instructions.)	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control									
	0			_						
		EIN(s)	13c(3) P	N(s)						
	3c(2) l									
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is	3c(2)	blished.								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/04/2013	SUNDER JAGWANI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/04/2013	SUNDER JAGWANI
LIEDE	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

						₽ FII€	as an anach	iment to For	III 3300 OI	3300	-эг.						
Fo	cale	ndar	plan year 201	11 or f	scal plan y	ear beginning	12/31/2011	1			and end	ling 12/3	30/201	12			
•	Rou	nd of	f amounts to	o near	est dollar.												
•	Caut	ion:	A penalty of \$	\$1,000	will be ass	sessed for late fil	ing of this rep	ort unless rea	asonable d	ause	is establisł	ned.					
		e of pl		PA DEF	FINED BEN	NEFIT PENSION	PLAN			В	Three-d plan nur	igit mber (PN)		•	0	01	
			sor's name as		n on line 2	a of Form 5500 o	or 5500-SF			D 26	Employer 6-0349363	r Identifica	tion N	lumber (EIN)		
Ε.	Гуре	of pla	n: X Single		Multiple-A	Multiple-B		F Prior year	plan size:	X 10	0 or fewer	101-5	500	More t	han 500		
P	art I	E	Basic Infor	rmati	on												
1			e valuation da			Month 12	Day31	Yea	2011								
2		sets:	o varaation at	<u> </u>		WOTH	_ Duy	10u									
_												2a				101	8781
	a																
	b	Act	uarial value									2b				101	8781
3	Fur	nding	target/partici	ipant c	ount break	down:			(1)	Numb	er of partic	•		(2)	Funding	Target	
	а	For	retired partic	cipants	and bene	ficiaries receiving	g payment	3a				0					0
	b	For	terminated v	ested/	participant	s		3b				0					0
	С	For	active partic	ipants	:												
		(1)	Non-vested	d bene	fits			3c(1)								18	35666
		(2)	Vested ben	nefits				3c(2)								74	2665
		(3)	Total active	-				2 (2)				1				92	28331
	d	` '										1				92	8331
4	If th	ne nla	n is in at-risk	status	check the	e box and comple	ete lines (a) ai	nd (h)	L	П							
•	_	•				•	` ,	` '		ш		4a					
	a		0 0	Ū	٠.	cribed at-risk ass	•										
	b					ssumptions, but onsecutive years											
5	Fff						•					5				5 2!	5 %
6												6					9363
			Enrolled Ac										1				
	To the accord combin	best of lance w nation,	f my knowledge, t vith applicable law	the inforr v and reg	ulations. In m	d in this schedule and y opinion, each other a perience under the pla	assumption is reas										
	SIGN IER													08/29/2	013		
THE	:סחס	RF 4	ANDERSEN,	M.A.A	Ū	ture of actuary								Date 11-020	134		
										_							
PEN	ISIOI	N AS	SOCIATES		Type or pi	int name of actu	ary					Most r	ecent		ent numl 6-0306	oer	
			IAIN STREET CT 06902	T, SUI		Firm name					T	elephone	numb	er (inclu	uding are	a code)	
					Add	ress of the firm											
	actu uctior		as not fully re	eflecte	d any regu	lation or ruling pr	omulgated un	der the statu	te in comp	leting	this sched	ule, check	the b	oox and	see		

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Schedule SB (Form 5500) 2011

Pa	Part II Beginning of year carryover and prefunding balances														
	•								(a) (Carryover balance		(b)	Prefundi	ng balan	се
		Ū	nning of prior year			•					0			1	23512
8			for use to offset pr	•	_	. ,					0	0			0
9	Amoun	t remainii	ng (line 7 minus li	ne 8)							0			1	23512
10	Interest	t on line 9	using prior year'	s actual ret	urn of	-1.16 _%					0				-1433
11	Prior ye	ear's exce	ess contributions t	o be added	d to prefu	nding balance	e:								
	a Pres	sent valu	e of excess contri	butions (lin	e 38 fron	n prior year)									52742
			a) using prior year ovided (see instru												3112
	C Tota	al availabl	e at beginning of c	urrent plan	year to ac	dd to prefundin	g bala	ince							55854
d Portion of (c) to be added to prefunding balance										0					
12	Other re	eductions	s in balances due	to elections	s or deen	ned elections					0				0
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 -	+ line 11d – lii	ne 12))			0			1	22079
Part III Funding percentages															
14	Funding	g target a	attainment percent	tage									14	96	5.59 %
15	Adjuste	ed funding	g target attainmen	t percentaç	ge								15	109	.74 %
16	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	91	.53 %			
, , ,									17		%				
Pá	art IV	Con	tributions an	d liquidi	ty shoi	rtfalls									
18	Contrib	utions ma	ade to the plan for	r the plan y	ear by er	mployer(s) an	d emp	oloyees:							
(M	(a) Dat IM-DD-Y		(b) Amount p employer			mount paid bemployees	у	(a) Date (b) Amount paid to employer(s)				(c) Amount paid by employees			
03	/05/2013	3		225000			0								
													1		
								Totals ►	18(b)		225000	18(c)			0
19			•			•				he beginning of the	· -				
a Contributions allocated toward unpaid minimum required contributions from prior years										0					
			made to avoid res							F	19b				0
			allocated toward m			tribution for cu	rrent y	ear adjusted to	o valuatior	n date	19c				208499
20	20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?														
			•										<u> </u>	Yes [∐ No
									mely mar	nner?			<u>×</u>	Yes	No
	C If 20a	a is "Yes,	" see instructions	and compl					of this =!=						
		(1) 19	st		Liquid (2)	dity shortfall a	s of ei	nu or quarter o	of this pla (3)	an year 3rd			(4) 4th	<u> </u>	
(1) 130					(-/	-		0	(-/)		· / · · ·		0

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get i	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								22	65
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	
Pa		Miscellane	_		<u>L</u>		·		
-				ed act	uarial assumptions for the c	ırrent	nlan year? If "Ves " see	instructions	regarding required
		· ·	•		uariar assumptions for the co				
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years		
28 Unpaid minimum required contributions for all prior years								0	
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior yea (line 19a)					· · ·	29	0	
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	169363
b Excess assets, if applicable, but not greater than 31a							0		
32 Amortization installments: Outstanding Balance						ince	Installment		
	a Ne	et shortfall amort	tization installment					0	0
	b W	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	0
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	169363
			<u> </u>		Carryover balance		Prefunding bala	nce	Total balance
35	Balar	nces elected for i	use to offset funding		·				
						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	169363
37					ontribution for current year a			37	208499
38	Prese	ent value of exce	ess contributions for curr	ent ve	ar (see instructions)			l l	
								38a	39136
			•					38b	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							0		
40							,	40	
Pa	rt IX				nsion Relief Act of 20			<u> </u>	
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ırsuant to an alternative amo	rtizati	on schedule:		
	a Sch	nedule elected							2 plus 7 years 15 years
	b Eliç	gible plan year(s)) for which the election i	n line 4	41a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	
					d over to future plan years			43	

P.002/006 F-247

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 2011

OMB Nos. 1210-0110

1210-0089

≝n	Department of Labor Retirement Inc	B(a) of	This Form is Open to Public Inspection					
	Pension Senefit Guaranty Corporation Complete all	l entries in accord	Jance with	the instruction	ns to the Form 55	00-SF.	"	
F	art I Annual Report Identification I	пformation						
Ļģi	the calendar plan year 2011 or fiscal plan year begin	กัเทิดู	12/3:	L/2011	and ending	12	/30/2012	
A	This return/report is for:	orplan 🔲	a multiple-	employer plan (n	ot multiemployer)		a one-particip	ant plan
В	This return/report is:	port 📋	the final re	turn/report				
	🔲 an amended retu	ım/report	a short pla	n year return/rep	ort (less than 12 mo	onths)		
C	Check box if filing under: 🔀 Form 5558		automatic	extension			DFV¢ progra	m
	special extension	n (enter description)	Ì					
P	art II Basic Plan Information enter	r all requested infon	mation.		· · · · · · · · · · · · · · · · · · ·			1
1a	Name of plan	<u> </u>			<u>.</u> ,		Three-digit	
	Sundor Jagwani MD PA Defined Benef	it Pension P	lan				olan number PN) ►	001
	·						Effective date of	plan
							01/01/2007	
2a	 Plan sponsor's name and address; include room of Sunder Jagwani MD PA 	sulte number (emp	loyer, if for	single-employer	plan)	1		ication Number
						<u> </u>	EIN) 26-03	***************************************
							'lan sponsors ¤ (662) 459≈0	alephone number 1180
	39 Folo Drive						***************************************	see instructions)
US	Jackson MS 39211					•	2 1111 `	
3а		plan sponsor, enter	r "Same")		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b /	Administrator's E	IN
	\$ame							
						3c /	Administrator's l	elephone number
4	If the name and/or EIN of the plan sponsor has cha-	nged since the last	return/repo	rt filed for this pla	in, enter the	4b 8	EIN	,
а	name, EIN, and the plan number from the last return Sponsor's Name	n/report.				4c F	PN	
	Total number of participants at the beginning of the	plan year				5a		1
þ	Total number of participants at the end of the plan y					5b		1
C	Number of participants with account balances as of					5c		
6a	complete this item)				<u> </u>			X Yes No
	Are you claiming a waiver of the annual examination	n and report of an ir	ndependent	qualified public a	eccountant (IQPA)			time
	under 29 CFR 2520.104-46? (See instructions on w	raiver eligibility and	conditions.)				X Yes No
	If you answered "No" to either 6a or 6b, the plan	ı cannot use Form	5500-SF a	nd must Instead	l use Form 5500.			
7	art III Financial Information	·····		/_\ =	::	1	,, \ 	-4V
٠.	Plan Assets and Liabilities			(a) mog	inning of Year	_	(b) <u>End</u>	
a b	Total plan assets	* * * * * * * * *	. <u>7a .</u> . 7b		1,021,234 0			1,278,206
c	Net plan assets (subtract line 7b from line 7a)		76		1,021,234			1,278,206
8	Income, Expenses, and Transfers for this Plan Year		, · · · · ·	(a)	Amount		(Б) Т	
a	Contributions received or receivable from:				Ţ,		3.1	
	(1) Employers		8a(1)		225,000			,
	(2) Participants	· · · · · · ·	8a(2)	4.4	· ·		4	
b	(3) Others (including rollovers)	· · · · · · · ·	. 8a(3) . 8b		31,972			• • • • • • • • • • • • • • • • • • • •
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c		24,2/4			256,972
d	Benefits paid (including direct rollovers and Insurant							255,972
	to provide benefits)		. 8d					
e	Certain deemed and/or corrective distributions (see	•	80			<u> </u>	• :	1
f	Administrative service providers (salaries, fees, com	missions)	8f		0			
g h	Other expenses		8g 8h		<u></u> .			0
i	Net income (loss) (subtract line 8h from line 8c).		8i					256,972
ī	Transfers to (from) the plan (see Instructions)		8;	***************************************				THE WAY OF THE

Form 5500-SF 2011 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V | Compliance Questions Yes No Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in х 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported x 105 10c ж Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud x bör Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier. insurance services or other organization that provides some or all of the benefits under the plan? (See x 100 × Has the plan failed to provide any benefit when due under the plan? 10f x Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR × tön 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 2520.101-3 101 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form X Yes No 12 Yes X No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (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 instructions, and enter the date of the letter ruling Ďav If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year . . . 12c C Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left of a 174 negative amount) N/A Yes □ Na Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets Tres X No 13a Has a resolution to forminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes 🛣 No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(1) Name of plan(s): 13c(2) EIN(s) Caution: A penalty for the late or incomplete filling 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 boliof, it is true, correct, and complete. Sunder Jagwani SIGN HERE Signature of plan administrate Date Enter name of individual signing as plan administrator

4 Sunder Jagwani SIGN HERE Signature of employer/plan aponsor Date Enter name of individual signing as employor or plan sponsor 2340

September 3, 2013

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

Sunder Jagwani Defined Benefit Plan 26-0349363 / 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

Sunder Jagwani Defined Benefit Plan 26-0349363 / 001

For the plan year 12/31/2011 through 12/30/2012 Valuation Date: 12/31/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjus Quart
Deposited Contribution	3/5/2013	\$225,000			
Applied to Additional Contribution	12/31/2011	41,562	39,136	0	
Applied to MRC	12/31/2011	31,010	29,200	0	
Applied to Quarterly Contribution	4/14/2012	38,107	34,433	0	38,
Applied to Quarterly Contribution	7/14/2012	38,107	34,833	0	38,
Applied to Quarterly Contribution	10/14/2012	38,107	35,242	0	38,
Applied to Quarterly Contribution	1/14/2013	38,107	35,655	0	38,
Totals for Deposited Contribution		\$225,000	\$208,499	\$0	\$152,

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Sunder Jagwani Defined Benefit Plan 26-0349363 / 001

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

Valuation Date: 12/31/2011

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 1

the greater of the present value of accrued benefit computed using funding segment rat Applicable Mortality Table or lump sum at the assumed retirement date of accrued bene equivalence discounted using appropriate segment rate. Lump sum on plan actuarial ec exceed 415 maximum allowable distribution, which is the lesser amount computed using the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and

Minimum

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.99
Segment 2	6 - 20	5.12
Segment 3	> 20	6.24

Pre-Retirement - Mortality Table - None

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

Post-Retirement - Mortality Table - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) at 5'

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

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test 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

Sunder Jagwani Defined Benefit Plan 26-0349363 / 001

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

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

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Summary of Plan Provisions

Sunder Jagwani Defined Benefit Plan 26-0349363 / 001

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

Employer: Sunder Jagwani

Type of Entity - S-Corporation

EIN: 26-0349363 TIN: Plan #: 001 Plan Type: Defined Bene

Dates: Effective - 12/31/2006 Year end - 12/30/2012 Valuation - 12/31/2011

Top Heavy Years - 2009, 2010, 2011

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

Minimum age - 21 Months of service - 12

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

Plan Entry - 12/31 or 06/30 the plan year on or next following eligibility satisfaction.

Retirement: Normal - Attainment of age 65 and completion of 10 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

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

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

Accrued Benefit - Unit credit based on service

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 Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to

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

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$200,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Schedule SB, Part V Summary of Plan Provisions

Sunder Jagwani Defined Benefit Plan 26-0349363 / 001

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

Vesting Sc	hedule	:
------------	--------	---

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

Service is calculated using all years of service

<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	2.20			
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 - Interest - 5%

Mortality Table - 11C - 2011 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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

File as an attachmen	nt to Form	5500 or 5	500-5r.	L			
For calendar plan year 2011 or fiscal plan year beginning 12/31/	2011		and endir	ng 12/	30/2012		
▶ Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report u	nless reaso	onable caus	se is establishe	d		7	
A Name of plan B Three-digit							
Sunder Jaqwani MD PA Defined Benefit Pension Plan			plan num	ber (PN)	>	001	
C District of the control of the con			D Employer is	lostificati	on Niverbar	(FINI)	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		,	D Employer lo			(EIIV)	
Sunder Jagwani MD PA			2	6-0349	9363		
E Type of plan: Single ☐ Multiple-A ☐ Multiple-B	Prior year p	lan size: X]100 or fewer [101-50	00 Mor	e than 500	
Part I Basic Information							
1 Enter the valuation date: Month 12 Day 31	Year	2011					
2 Assets:			The second secon				
a Market value				2a		1,018,781	
b Actuarial value				2b		1,018,781	
	•••••			J	(0)		
	3a	(1) Nu	mber of particip	ants 0	(2)	Funding Target 0	
b For terminated vested participants	3b			0	-		
	35			U		0	
C For active participants:	2-/4)	-				105 666	
(1) Non-vested benefits	3c(1)	-				185,666	
(2) Vested benefits				1	-	742,665	
(3) Total active	3c(3)	 		1		928,331	
d Total	3d	<u></u>		1		928,331	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	b)						
a Funding target disregarding prescribed at-risk assumptions	• • • • • • • • • • • • • • • • • • • •		•••••	4a			
b Funding target reflecting at-risk assumptions, but disregarding trans at-risk status for fewer than five consecutive years and disregarding			it have been	4b			
5 Effective interest rate				5		5.25	
6 Target normal cost				6		169,363	
Statement by Enrolled Actuary					ļ	200,000	
To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	es, statements (taking into ac	and attachmer count the expe	nts, if any, is comple erience of the plan ar	te and accur d reasonabl	rate. Each presri le expectations)	bed assumption was applied in and such other assumptions, in	
SIGN HERE IL (L					08/29/20	13	
Signature of actuary					Date		
THEODORE ANDERSEN, M.A.A.A., MSPA					11-02034		
Type or print name of actuary				Most re	ecent enrolln	nent number	
PENSION ASSOCIATES				(20	3) 356-0	306	
Firm name			Te	lephone	number (inc	luding area code)	
2001 WEST MAIN STREET, SUITE 230					•		
US STAMFORD CT 06902							
Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	the statute	in complet	ting this schedu	le, check	the box and	see	

Page	2
raue	_

Schedule	CD	(Earm	EE()())	201	,
Scriedule	OD	TOTAL	33001	201	

Pai	rt II Bed	ginning of year	carryov	er and prefunding bala	nces							—
- 4	itin Do;	giiiiiig or your	ourryor	or and protunding balo		(a)	Carryover balance		(b) F	Prefundi	ng balance	
7				icable adjustments (line 13 fro				0			123,5	512
8		•	-	unding requirement (line 35 fro				0				0
9	Amount rema	aining (line 7 minus l	ine 8)					0			123,5	512
10	Interest on lir	ne 9 using prior year	s actual re	turn of				0			(1,43	33)
11				d to prefunding balance:								
	a Present v	alue of excess contri	butions (lin	e 38 from prior year)				Γ		., ., ., ., ., ., ., ., ., ., ., ., ., .	52,7	142
		n (a) using prior year provided (see instru		rate of5.90 % excep	t as						3,1	12
	C Total avai	ilable at beginning of	current pla	an year to add to prefunding ba	alance						55,8	54
	d Portion of	(c) to be added to p	refunding b	alance				Ī				0
12	Other reduct	ions in balances due	to election	s or deemed elections				0				0
13	Balance at be	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				0			122,0	179
Pa	rt III F	unding percent	ages									
	Y									. 14	96.59	
				ge						. 15	109.74	
	Prior year's f	unding percentage for	r purposes	of determining whether carry	over/pref	unding bala	nces may be used to	reduc	е	16	91.53	
17	If the current	value of the assets	of the plan	is less than 70 percent of the f	unding ta	rget, enter	such percentage			. 17		%
Pa	rt IV C	ontributions an	d liquid	itv shortfalls								
-				ear by employer(s) and employer	yees:				*****			
	(a) Date	(b) Amount p		(c) Amount paid by		a) Date	(b) Amount p				unt paid by	
	M-DD-YYYY) '05/2013	employer(25,000	employees	(IVIIVI-E	DD-YYYY)	employer	(5)		emp	oyees	
			,									
***************************************									-			—
		1										—
				· · · · · · · · · · · · · · · · · · ·								
								··	- 			—
												—
		1			Totals	► 18(b)	2	25,0	00 18(c)			0
19	Discounted e	employer contribution	s see ins	structions for small plan with a	valuation	date after						
	a Contributio	ons allocated toward	unpaid mir	nimum required contribution fro	om prior y	ears		19a				0
	b Contribution	ons made to avoid re	strictions a	djusted to valuation date				19b				0
	c Contribution	ons allocated toward	minimum r	equired contribution for curren	t year ad	justed to va	luation date	19c			208,4	99
20		ntributions and liquidi		·····								
	a Did the pla	an have a "funding sh	nortfall" for	the prior year?				•••••		[х	Yes No	
	b If 20a is "Y	es," were required q	uarterly ins	stallments for the current year	made in	a timely ma	nner?	•••••		x	- —] Yes □ No	ı
				lete the following table as appl		-						
				Liquidity shortfall as of end		er of this pla	ın year					
	(1)	1st		(2) 2nd		(3)	3rd			(4) 4t	1	
				•			1					

27 Segment rates 1st segment 1.99 % 5.12 % 6.24 % NA. full yield curve used	Part V Assumptio	ons used to determine	funding target and target	normal cost		
b Applicable month (enter code)	21 Discount rate:					
22 Meighted average retirement age	a Segment rates:		_			N/A, full yield curve used
22 Meighted average retirement age	b Applicable month ((enter code)			21b	0
Prescribed - combined Prescribed - separate Substitute					22	6:
Part VI Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment					Substitu	te
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.						
### States State			tuarial accumptions for the current	plan year? If "Vac " noo	inetrustion	o regarding required
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes No						
Stitle plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment						
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. 27				· · · · · · · · · · · · · · · · · · ·		
Part VII Reconciliation of unpaid minimum required contributions for prior years 28					attachmen	t res x No
Part VII	, ,	`	•		27	
28					L	
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years ((ine 19a)					20	
(line 19a) . 29 (companies and the second contributions (line 28 minus line 29) . 30 (companies and the second contributions (line 28 minus line 29) . 30 (companies and the second contribution for current year 29) . 30 (companies and the second contribution for current year 29) . 31 31 31 31 31 31 31					20	
Part VIII Minimum required contributions (line 28 minus line 29)					29	
Part VIII Minimum required contribution for current year 31 Target normal cost, adjusted, if applicable (see instructions) a Target normal cost (line 6)					30	(
31 Target normal cost, adjusted, if applicable (see instructions) a Target normal cost (line 6)		······································			L	
a Target normal cost (line 6). 31a 169,363 b Excess assets, if applicable, but not greater than 31a 31b						
b Excess assets, if applicable, but not greater than 31a					210	160 263
A montization installments: a Net shortfall amortization installment b Waiver amortization installment c Waiver amorti		· · · · · · · · · · · · · · · · · ·				109,303
a Net shortfall amortization installment			I 3 ld			L
b Waiver amortization installment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Outstanding Bala		Installment
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month						
(Month Day				777777777777777777777777777777777777777	0	(
Carryover balance Prefunding Balance Total balance 35 Balances elected to use to offset funding requirement 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					33	
35 Balances elected to use to offset funding requirement (line 34 minus line 35)	34 Total funding requirem	nent before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	169,363
requirement					ince	Total balance
36 Additional cash requirement (line 34 minus line 35)		3	0			
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				L		
(line 19c)					36	169,363
a Total (excess, if any, of line 37 over line 36)		•	•		37	208,499
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 40 Unpaid minimum required contribution for all years	38 Present value of exce	ess contributions for current years	ear (see instructions)			
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						39,136
40 Unpaid minimum required contribution for all years	b Portion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances		(
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions) 41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: a Schedule elected	39 Unpaid minimum requ	uired contribution for current y	vear (excess, if any, of line 36 over	line 37)	39	
41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: a Schedule elected	40 Unpaid minimum requ	uired contribution for all years		· · · · · · · · · · · · · · · · · · ·	40	
a Schedule elected	Part IX Pension	funding relief under P	ension Relief Act of 2010 (see instructions)		
b Eligible plan year(s) for which the election in line 41a was made	41 If a shortfall amortization	on base is being amortized pu	ursuant to an alternative amortization	on schedule:		
42 Amount of acceleration adjustment	a Schedule elected.					2 plus 7 years 15 years
	b Eligible plan year(s)) for which the election in line	41a was made		200	08 2009 2010 2011
43 Excess installment acceleration amount to be carried over to future plan years	42 Amount of acceleration	n adjustment			42	
	43 Excess installment acc	eleration amount to be carrie	d over to future plan years		43	792