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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number DILIP THAKKER MD DEFINED BENEFIT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DILIP M. THAKKER PHYSICIAN PC 20-2546910 (EIN) 2c Sponsor's telephone number 518-725-6868 10 EAST 9TH AVE GLOVERSVILLE, NY 12078 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 20-2546910 DILIP M. THAKKER PHYSICIAN PC 10 FAST 9TH AVE **GLOVERSVILLE. NY 12078 3c** Administrator's telephone number 518-725-6868 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. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 2 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) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1644630 1862591 Total plan assets..... 7a n 7b Total plan liabilities..... 1644630 1862591 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 60000 8a(1) (1) Employers (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 157961 **b** Other income (loss)..... 8b 217961 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 217961 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

| SF 2011 |
|---------|
|---------|

Plan Characteristics

| 5500-SF 2011 | Page 2 - 1 |
|--------------|-------------------|
| | |

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

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 | | | | | | |
|------|--|------------|---------|----------|-----------|---------|------------------|
| 0 | During the plan year: | | Yes | No | | Amount | |
| | Was there a failure to transmit to the plan any participant contributions within the time period described in | 40- | 103 | X | | Amount | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported | 10a | | X | | | |
| С | · | 10b 10c | X | | | | 1000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud | | | X | | | 1000 |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, | 10d | | | | | |
| | insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | |
| art | VI Pension Funding Compliance | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500)) | | | | | X Ye | s |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | Ye | s X 1 |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver | | | | | | |
| | Enter the minimum required contribution for this plan year | | | 12b | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | - | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount) | of a | | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | [| Yes | No | N/ |
| art | | | | <u>.</u> | <u></u> ! | | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | | Y | es X No |) | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | - 1 | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? | | | ntrol | | ☐ Ye | es X 1 |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e plar | n(s) to | | | | |
| 1 | 3c(1) Name of plan(s): | | 130 | (2) EII | V(s) | 13c | (3) PN(s |
| | | | | | | | |
| | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | | | | | blo o C | ah a di il - |
| SB o | penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 10/03/2013 | DILIP THAKKER |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 10/03/2013 | DILIP THAKKER |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

| | | | | | | | | File as | an attacnn | nent to Forn | 1 5500 or | 5500- | SF. | | | | | | | |
|-------|---------------|----------|---------|------------------------|---------|--------------|--------------|-----------------|-------------------------|---------------------------------------|-------------|---------|---------------------------|--------|------------|-------|-------------|-----------------|---------|---------|
| Fo | r caler | ndar p | lan y | ear 2011 | 1 or fi | scal plan y | ear begir | nning 1 | 2/31/2011 | | | | and en | ding | 12/30/ | 2012 | 2 | | | |
| • | Roun | d off | amo | unts to | neare | est dollar. | | | | | | | | | | | | | | |
| • | Cauti | ion: A | pena | alty of \$1 | 1,000 | will be ass | essed fo | r late filing o | of this repor | t unless reas | onable ca | ause is | s establis | hed. | | | | | | |
| | Name JP TH | | | D DEFIN | NED E | BENEFIT P | LAN | | | | | В | Three-c | 0 | r (PN) | | • | | 001 | |
| | | | | | | | | | | | | | p.aa | | . () | | | | | |
| _ | DI | | | | - I | | (- | | 00.05 | | | _ | F l | | - CC C - | | | (E1N1) | | |
| | | | | ame as s | | | a of Form | n 5500 or 55 | 00-SF | | | | Employe | | ntificatio | n Nu | imber (| (EIIN) | | |
| | | | | | | . • | | | | | | 20 | -2546910 |) | | | | | | |
| E | Гуре о | of plan | × | Single | l l | Multiple-A | Multip | ple-B | F | Prior year p | an size: | X 100 | or fewer | П | 101-500 | | More t | than 500 |) | |
| D | art I | B | | Inforr | mati | on | | | | | | | | | | | | | | |
| 1 | | | | ation dat | | | Month _1 | 2 г | Day31 | Year | 2011 | | | | | | | | | |
| 2 | | | valua | alion dat | .e. | ľ | vioritri | | Jay | 1 eai | 2011 | _ | | | | | | | | |
| _ | Ass | | | luo | | | | | | | | | | Г | 2a | | | | | 1637300 |
| | a L | | | | | | | | | | | ••••• | | | 2b | | | | | 1637300 |
| | b | | | | | | | | | | | | | | | | | | | |
| 3 | _ | • | • | | | ount break | | | | 0- | (1) N | Numbe | er of parti | cipar | nts 0 | | (2) | Funding | Target | 0 |
| | а | | | | | | | eceiving pay | | | 1 | | | | | | | | | |
| | b | | | | | | s | | | 3b | | | | | 2 | | | | | 1667 |
| | С | For | active | e particip | ants: | | | | | - (1) | 4 | | | | | | | | | |
| | | (1) | Non- | -vested l | benef | its | | | | | _ | | | | _ | | | | | 0 |
| | | (2) | Vest | ted bene | efits | | | | | | | | | | | | | | | 1455395 |
| | | (3) | Tota | I active . | | | | | | | | | | | 1 | | | | | 1455395 |
| | d | Tota | ıl | | | | | | | 3d | | | | | 3 | | | | | 1457062 |
| 4 | If th | e plar | n is in | at-risk s | status | , check the | box and | d complete li | nes (a) and | d (b) | | | | | | | | | | |
| | а | Fund | ding ta | arget dis | regar | ding preso | ribed at-ı | risk assump | tions | | | | | | 4a | | | | | |
| | b | Fund | ding ta | arget ref | lectin | g at-risk as | ssumption | ns, but disre | garding tra | nsition rule f | or plans th | nat ha | ve been i | n | 4b | | | | | |
| | | at-ri | sk sta | tus for f | ewer | than five c | onsecutiv | ve years and | d disregardi | ing loading fa | actor | | | | | | | | | |
| 5 | Effe | ective | intere | est rate | | | | | | | | | | | 5 | | | | | 4.70 % |
| 6 | Tar | get no | rmal | cost | | | | | | | | | | | 6 | | | | | 129296 |
| Sta | | • | | lled Act | • | | | | | | | | | | | _ | | | | |
| | accorda | ance wit | h appli | cable law a | and reg | | opinion, ea | ch other assum | | dules, statement able (taking into | | | | | | | | | | |
| 9 | SIGN | J | | | | | | | | | | | | | | | | | | |
| | IERE | | | | | | | | | | | | | | | (| 7/31/2 | 2013 | | |
| | | | | | | Signa | ture of a | ctuary | | | | _ | | | | | Date | | | |
| THE | ODO | RE AI | NDEF | RSEN, M | 1.A.A. | A., MSPA | | oraca. y | | | | | | | | | 11-020 | 034 | | |
| | | | | | | Type or pr | int name | of actuary | | | | _ | - | | Most rec | ent d | | | her | |
| PEI | ISION | I ASS | OCIA | TES | | Type of pr | int name | or actuary | | | | | | | WOSt 1CC | | | 6-0306 | ibci | |
| | | | | • | | | irm name | • | | | | _ | - | Tolo | ohone nu | | | | 22 0040 | .) |
| | 1 WES | | | T, STE 2 902 | 230 | ı | IIIII IIaiii | 5 | | | | | | i eieļ | onone no | iiibe | ar (iiricit | ding ai | ea couc | ;) |
| | | | | | | Add | ress of th | e firm | | | | _ | | | | | | | | |
| lf th | actu | arv ha | e not | fully rof | lector | d any roggi | ation or r | ulina promu | lasted und | er the statute | in compl | etina t | hie echo | אוויר | check th | na ha | v and | SA6 | | П |
| | uction | | io HUl | runy I U II | iecie(| a arry regul | auvii Vi I | umig promu | igai c u und | or tri c statult | , ar compi | Gung I | . 113 SUII U (| ⊿ui€, | UIICUK III | ים מכ | n allu | 3 00 | | Ш |

| Page 2 - | . 1 |
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Schedule SB (Form 5500) 2011

| Pa | rt II | Begir | ning of year | carryove | er and prefunding ba | lances | | | | | | |
|----|--------------------|-------------|---------------------------|----------------|--------------------------------|---------------|-----------------|---------------------------------|-----------|---------------------------------|-------------------------|---------------------|
| | | | | | | | (a) (| Carryover balance |) | (b) | Prefundi | ng balance |
| 7 | | Ū | 0 , , | | cable adjustments (line 13 | • | | | 0 | | | 235520 |
| 8 | | | • | - | unding requirement (line 35 | | | | 0 | | | 0 |
| 9 | Amount | t remainii | ng (line 7 minus lir | ne 8) | | | | | 0 | | | 235520 |
| 10 | Interest | on line 9 | ousing prior year's | s actual ret | urn of -10.03 % | | | | 0 | | | -23623 |
| 11 | Prior ye | ar's exce | ess contributions t | o be added | to prefunding balance: | | | | | | | |
| | a Pres | sent valu | e of excess contri | butions (lin | e 38 from prior year) | | | | | | | 262548 |
| | | | | | rate of | | | | | | | 12471 |
| | C Tota | ıl availabl | e at beginning of co | urrent plan y | ear to add to prefunding ba | ance | | | | | | 275019 |
| | d Port | tion of (c) | to be added to p | efunding b | alance | | | | | | | 0 |
| 12 | Other re | eductions | s in balances due | to elections | s or deemed elections | | | | 0 | | | 110000 |
| 13 | Balance | at begir | nning of current ye | ear (line 9 + | - line 10 + line 11d – line 12 | 2) | | | 0 | | | 101897 |
| P | art III | Fun | ding percenta | ages | | | | | | | | |
| 14 | Funding | g target a | attainment percent | age | | | | | | | 14 | 105.37 % |
| 15 | Adjuste | d fundin | g target attainmen | t percentag | je | | | | | | 15 | 112.36 % |
| | Prior ye | ar's fund | ling percentage fo | r purposes | of determining whether ca | rryover/pref | unding balar | nces may be used | to reduce | | 16 | 95.42 % |
| 17 | If the cu | ırrent val | ue of the assets o | f the plan is | s less than 70 percent of th | ne funding ta | arget, enter s | such percentage | | | 17 | % |
| Pa | art IV | Con | tributions and | d liquidi | ty shortfalls | | | | | | | |
| 18 | Contrib | utions ma | ade to the plan for | the plan y | ear by employer(s) and em | ployees: | | | | | | |
| (N | (a) Dat IM-DD-Y | | (b) Amount pa employer | | (c) Amount paid by employees | | Date D-YYYY) | (b) Amount p employer | | (| c) Amou emple | nt paid by byees |
| 03 | /15/2013 | | | 60000 | 0 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | 1 | | | | T | |
| | | | | | | Totals > | 18(b) | | 60000 | 18(c) | | 0 |
| 19 | Discour | nted emp | loyer contributions | s – see inst | tructions for small plan with | a valuation | date after th | ne beginning of th | e year: | | | |
| | a Conti | ributions | allocated toward | unpaid min | imum required contribution | s from prior | years | | 19a | | | 0 |
| | b Conti | ributions | made to avoid res | strictions ac | djusted to valuation date | | | | 19b | | | 0 |
| | C Contr | ributions a | allocated toward mi | nimum requ | uired contribution for current | year adjuste | ed to valuation | n date | 19c | | | 55697 |
| 20 | Quarter | ly contrib | outions and liquidit | y shortfalls | : | | | | | | | |
| | a Did th | he plan h | nave a "funding sh | ortfall" for t | he prior year? | | | | | | | Yes X No |
| | b If 20a | a is "Yes, | " were required qu | uarterly ins | tallments for the current ye | ar made in | a timely man | ner? | | ······························· | | Yes No |
| | C If 20a | a is "Yes, | " see instructions | and comple | ete the following table as a | pplicable: | | | | | | |
| | _ | | | | Liquidity shortfall as of | end of quart | | - | | | (1) | |
| | | (1) 19 | st | | (2) 2nd | | (3) | 3rd | | | (4) 4th | <u> </u> |
| | | | | | | | | | | | | |

| Pa | rt V | Assumptio | ns used to determ | nine f | unding target and tar | get ı | normal cost | | |
|----------|---------------|---------------------|---|----------|----------------------------------|----------|--------------------------|------------|---------------------------------------|
| 21 | Disco | ount rate: | | | | | | | |
| | a Se | egment rates: | 1st segment: 1.99% | | 2nd segment: 5.12% | | 3rd segment: 6.24 % | | N/A, full yield curve used |
| | b At | policable month | (enter code) | | | | | 21b | 0 |
| 22 | | | | | | | | 22 | 62 |
| 23 | | ality table(s) (see | | | escribed - combined | 7 | scribed - separate | Substitu | |
| | | 1 | _ | | | | oomou coparate | | |
| - | | Miscellane | | | | | 0.1697 | | |
| 24 | | · · | | | uarial assumptions for the c | | | | · · · · · · · · · · · · · · · · · · · |
| 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 🛚 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 | |
| | rt VII | | | | ım required contribut | | | | |
| 28 | | | | | years | | | 28 | 0 |
| 29 | | | | | d unpaid minimum required o | | | 29 | 0 |
| 30 | Rema | aining amount of | f unpaid minimum requir | ed cor | ntributions (line 28 minus line | 29) | | 30 | 0 |
| Pa | rt VIII | Minimum | required contribu | tion f | for current year | | | | |
| 31 | Targe | et normal cost a | nd excess assets (see ii | nstruct | ions): | | | | |
| | a Tai | rget normal cost | (line 6) | | | | | 31a | 129296 |
| | b Ex | cess assets, if a | applicable, but not greate | er than | 31a | | | 31b | 78341 |
| 32 | Amor | tization installme | ents: | | | | Outstanding Bala | nce | Installment |
| | a Ne | et shortfall amort | ization installment | | | | | 0 | 0 |
| | b Wa | aiver amortizatio | on installment | | | | | 0 | 0 |
| 33 | | | | | ter the date of the ruling letto | | | 33 | 0 |
| 34 | Total | | | | er/prefunding balances (lines | | | 34 | 50955 |
| <u> </u> | Total | Tarianing requirer | mont botoro remoding oc | 111,010 | Carryover balance | , o . a | Prefunding balar | | Total balance |
| 25 | Dalas | | | | Carryover Balarioe | | 1 Totaliang balan | 100 | Total balance |
| 35 | | | use to offset funding | | | 0 | | 0 | 0 |
| 36 | Additi | ional cash requir | rement (line 34 minus lir | ne 35) | | | | 36 | 50955 |
| 37 | | | · | | ontribution for current year a | | | 37 | 55697 |
| | | | | | | | | | 00007 |
| 38 | | | ess contributions for curr | | , | | | | 47.40 |
| | | | • | | | | | 38a | 4742 |
| | | | | | prefunding and funding star | | | 38b | 0 |
| 39 | | | | | ear (excess, if any, of line 36 | | | 39 | 0 |
| 40 | Unpa | | | | S | | | 40 | |
| Pa | rt IX | Pension f | funding relief und | er Pe | ension Relief Act of 20 | 010 (| see instructions) | | |
| 41 | If a sh | nortfall amortizati | ion base is being amorti | ized pu | ursuant to an alternative amo | ortizati | on schedule: | _ | |
| | a Sch | nedule elected | | | | | | | 2 plus 7 years 15 years |
| | b Elig | gible plan year(s) |) for which the election i | n line | 41a was made | | | 200 | 8 2009 2010 2011 |
| 42 | Amou | int of acceleratio | on adjustment | | | | | 42 | |
| 43 | Exces | ss installment ac | celeration amount to be | carrie | d over to future plan years | | | 43 | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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).

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part Annual Penort Identification Information

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| 9.00 | ait i Aimuai Report identification imormation | | | | | |
|-----------------|---|---------------|--|-------------------------|-----------|---|
| For | the calendar plan year 2011 or fiscal plan year beginning | 12/3 | 1/2011 | and ending | 12 | /30/2012 |
| Α | This return/report is for: | a multiple- | employer plan | (not multiemployer) | | a one-participant plan |
| В | This return/report is: | the final re | turn/report | | | • |
| | an amended return/report | a short pla | n vear return/re | eport (less than 12 mon | ths) | |
| _ | Check box if filing under: x Form 5558 | automatic | • | | | DFVC program |
| | | | CACCHOIOTT | | <u> </u> |] Di vo program |
| 5.00236 | special extension (enter description) | | | | | |
| | art II Basic Plan Information enter all requested information | mation. | | | 46. | |
| та | Name of plan | | | | | Three-digit Dlan number |
| | Dilip Thakker MD Defined Benefit Plan | | | | | PN) ▶ 001 |
| | | | | | | Effective date of plan |
| 2- | | | | | | 01/01/2004 |
| za | Plan sponsor's name and address; include room or suite number (emp Dilip M. Thakker Physician PC | oloyer, it to | r single-employ | er plan) | | Employer Identification Number |
| | | | | - | | EIN) 20-2546910 |
| | | | | | | Plan sponsor's telephone number (518) 725-6868 |
| | 10 East 9th Ave | | | - | | Business code (see instructions) |
| US | Gloversville NY 12078 | | | | | 521111 |
| $\frac{3a}{3a}$ | | er "Same") | | | 3b A | Administrator's EIN |
| | Same | , | | | | |
| | | | | <u> </u> | 3c / | Administrator's telephone number |
| | | | | + | | diministrator o telephone humber |
| _ | | | (5) (6 0) | | 46 - | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. | return/rep | ort filed for this | plan, enter the | 4b E | |
| a | Sponsor's Name | | | | 4c F | PN |
| 5a | Total number of participants at the beginning of the plan year . \cdot . | | | | <u>5a</u> | 3 |
| b | Total number of participants at the end of the plan year | | | F. | <u>5b</u> | 2 |
| С | Number of participants with account balances as of the end of the plar complete this item) | • | • | : | 5c | |
| 6 a | Were all of the plan's assets during the plan year invested in eligible a | | | | | X Yes No |
| b | Are you claiming a waiver of the annual examination and report of an i | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and | conditions | i.) | | | XYes No |
| | If you answered "No" to either 6a or 6b, the plan cannot use Form | 5500-SF a | and must inste | ead use Form 5500. | | |
| Pa | art III Financial Information | | | | 1 | |
| 7 | Plan Assets and Liabilities | | (a) Be | eginning of Year | | (b) End of Year |
| а | Total plan assets | 7a | | 1,644,630 | | 1,862,591 |
| b | Total plan liabilities | 7b | | 0 | | 0 |
| c | Net plan assets (subtract line 7b from line 7a) | 7c | | 1,644,630 | ļ | 1,862,591 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (| a) Amount | | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 60,000 | | |
| | (2) Participants | 8a(2) | | 0 | 1 | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | 1 | |
| b | Other income (loss) | 8b | | 157,961 | 1 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 217,961 |
| d | Benefits paid (including direct rollovers and insurance premiums | | and the second s | | | 21,7502 |
| | to provide benefits) | 8d | | 0 | - | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | 4 | |
| g | Other expenses | 8g | | 0 | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 0 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 217,961 |
| <u>_i</u> _ | Transfers to (from) the plan (see instructions) | 8j | | 0 | | |

| Par | N. C. | | | | | | | |
|---|--|-------------------------|-----------------------|----------|--------|------------|-----------------|--------------|
| 9a | f the plan provides pension benefits, enter the applicable pension feat | ure codes from the Li | st of Plan Characte | ristic (| Codes | in the | instructions: | |
| b | 1A f the plan provides welfare benefits, enter the applicable welfare featur | re codes from the Lis | of Plan Characteri | stic C | odes i | n the i | nstructions: | |
| Par | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Ar | mount |
| а | Was there a failure to transmit to the plan any participant contribution | ns within the time peri | od described in | | | | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar | , | , | 10a | | X | | |
| D | Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) | | • | 10b | | х | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | х | | | 100,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty? | • | • | 10d | | х | | |
| е | Were any fees or commissions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.) | the benefits under the | e plan? (See | 10e | | х | | |
| f | Has the plan failed to provide any benefit when due under the plan? | | | 10f | | х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of | f year end.) | | 10g | | х | | |
| h | If this is an individual account plan, was there a blackout period? (Se 2520.101-3.) | e instructions and 29 | CFR | | | х | | |
| i | 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 | • | | 10i | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement 5500)) | | | | | | | X Yes No |
| 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 applicable | | 412 of the Code or | section | on 302 | of ER | NISA? | Yes X No |
| а | If a waiver of the minimum funding standard for a prior year is being a | ŕ | vear see instruction | ıns aı | nd ent | er the | date of the let | tter ruling |
| | granting the waiver | | Mon | | | | | |
| b | Enter the minimum required contribution for this plan year | | - | | . Г | 12b | | |
| С | Enter the amount contributed by the employer to the plan for this plan | | | | | 12c | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | e result (enter a minu | s sign to the left of | а | | 12d | | |
| ее | 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 emp | loyer this year | | | [| 13a | | |
| c b | Were all the plan assets distributed to participants or beneficiaries, transfer the PBGC? | | | | | rol • • | | Yes X No |
| | which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): | | | <u> </u> | 13 | 3c(2) E | IN(s) | 13c(3) PN(s) |
| | - Comments | | | | | <u> </u> | (0) | 100(0)111(0) |
| | | | | | | | | |
| Court | A secolar for the late or incomplete filling of the section / or or or | .: | | | | | | |
| Under SB or | n: A penalty for the late or incomplete filing of this return/report v penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete. | eclare that I have exa | amined this return/r | eport, | includ | ding, if | applicable, a | |
| SIG | mennion | 919113 | Dilip Thakke | er, N | M.D. | 120 | | |
| HEF | ***** | Date | Enter name of ind | | | ing as | plan administ | rator |
| SIG | SALL LA LA CULT | 9/9/12 | Dilip Thakke | | | <u> </u> | | |
| HEF | • | Date | Enter name of ind | | | ing as | emplover or r | olan sponsor |
| EXECUTE: \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10 | ***** | | L | | | | | оролоог |

Page **2-**

Form 5500-SF 2011

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 attachment to Form 5500 or | 5500-SF. | |
|---|--------------------------|--|
| For calendar plan year 2011 or fiscal plan year beginning 12/31/2011 | and ending 1 | 2/30/2012 |
| ▶ Round off amounts to nearest dollar. | | |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable ca | ause is established. | • |
| Name of plan | B Three-digit | · |
| ilip Thakker MD Defined Benefit Plan | plan number (P | N) > 001 |
| | | |
| Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | D Employer Identific | cation Number (EIN) |
| ilip M. Thakker Physician PC | | 46910 |
| IIIp M. Inakkei Physician PC | 20-23 | 40310 |
| Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: | x 100 or fewer 101 | -500 More than 500 |
| Part I Basic Information | | |
| I Enter the valuation date: Month 12 Day 31 Year 2011 | | and the second s |
| Assets: | | |
| a Market value | 2 | 1,637,300 |
| b Actuarial value | 2I | 1,637,300 |
| Funding target/participant count breakdown (1) N | lumber of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment 3a | 0 | 0 |
| b For terminated vested participants | 2 | 1,667 |
| C For active participants: | | |
| (1) Non-vested benefits | | · 0 |
| (2) Vested benefits | | 1,455,395 |
| (3) Total active | 1 | 1,455,395 |
| d Total 3d | 3 | 1,457,062 |
| 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 Funding target reflecting at-risk assumptions, but disregarding transition rule for plans t at-risk status for fewer than five consecutive years and disregarding loading factor . | hat have been 4b | |
| Fffective interest rate | 5 | 4.70 |
| Target normal cost | 6 | 129,296 |
| tatement by Enrolled Actuary | | |
| To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachn accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the excombination, offer my best estimate of anticipated experience under the plan. | | |
| SIGN HERE | | 07/31/2013 |
| (Participality) | - | |
| Signature of actuary | | Date |
| Theodore Andersen, M.A.A.A., MSPA | | 11-02034 |
| Type or print name of actuary | | t recent enrollment number 203) 356-0306 |
| Pension Associates | · · | <u> </u> |
| Firm name | l elepho | ne number (including area code) |
| 2001 West Main St, Ste 230 | | |
| US Stamford CT 06902 | _ | |
| Address of the firm | . | |
| the actuary has not fully reflected any regulation or ruling promulgated under the statute in comp | leting this schedule, ch | eck the box and see |

| Page 2 |
|---------------|
|---------------|

| Pa | rt II Be | ginning of year | carryov | er and prefunding bala | nces | | | | | | |
|----------|--|-----------------------|--------------|---------------------------------------|---------------|---|----------------------|---------|-------------|---|---|
| | ************************************** | - | | | | (a) | Carryover balance | | (b) l | Prefundi | ng balance |
| 7 | | | | olicable adjustments (line 13 fr | | 0 | | | 235,520 | | |
| 8 | | | | funding requirement (line 35 fr | | | | 0 | | | 0 |
| 9 | | ' | | | | | | 0 | | | 235,520 |
| 10 | Interest on li | ne 9 using prior year | 's actual re | eturn of10.03% | | | | 0 | | | (23,623) |
| 11 | | | | ed to prefunding balance: | | | | | | | |
| | a Present v | alue of excess contr | ibutions (li | ne 38 from prior year) | | | | | | | 262,548 |
| | | | | e rate of4.75 % excep | | | | | | | 12,471 |
| | c Total avai | lable at beginning o | f current pl | an year to add to prefunding b | alance | | | | | | 275,019 |
| | d Portion of | (c) to be added to p | refunding | balance | | | | | | *************************************** | 0 |
| 12 | | • | | ns or deemed elections | | | | 0 | | | 110,000 |
| 13 | Balance at be | eginning of current y | ear (line 9 | + line 10 + line 11d - line 12) . | | | | 0 | | | 101,897 |
| Pa | irt III Fi | unding percent | anes | | | | | 1 | | | |
| 50000000 | 20300000000000000000000000000000000000 | | | | | | | | | . 14 | 105.37 % |
| | | | | age | | | | | | 15 | 112.36 % |
| | Prior year's f | unding percentage f | or purpose | s of determining whether carry | over/pre | funding bala | inces may be used t | to redu | ıce | 16 | 95.42 % |
| 7 | | | | is less than 70 percent of the | | | | | | . 17 | % |
| 10000 | | ontributions ar | ··· | | | | out portourings | | | | 70 |
| | | | | year by employer(s) and empl | | | | | | | *************************************** |
| | (a) Date M-DD-YYYY) | (b) Amount p | aid by | (c) Amount paid by employees | (8 | a) Date | (b) Amount p | | , | | unt paid by oyees |
| <u>`</u> | 15/2013 | 1 3 | 60,000 | | (***** | | | (-) | | | |
| | | | <u> </u> | | | | | | | | |
| _ | | | | | | ****** | | | | | |
| _ | | | · | | | | | | | | |
| _ | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| <u> </u> | | | | .9-00-100-1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | Totals | ► 18(b) | | 60 (| 18(c) | 1 | 0 |
| 9 | Discounted a | mployer contribution | ne eee in | structions for small plan with a | l Valuatio | n date after | the heginning of the | | 700 17 | <u></u> | <u>~</u> |
| | | | | nimum required contribution fr | | | | 19a | | | 0 |
| | _ | | • | adjusted to valuation date | - | - | - | 19b | | | |
| | | | | required contribution for curre | | | | 19c | | | 55,697 |
| :0 | | | | | it year at | ajustea to va | aluation date | 190 | | | 55,657 |
| ٠,٠ | _ | tributions and liquid | ·= | the prior year? | | | | l | | | Vac Tale |
| | _ | | | | | | | | | •••• | Yes X No |
| | | • | • | stallments for the current year | | a timely ma | inner? | | | ···· L |] Yes ∐ No |
| | C If 20a is "Y | es," see instructions | and comp | olete the following table as app | | | | | | | |
| _ | (1) | 1st | | Liquidity shortfall as of end (2) 2nd | or Quarte | er of this pla (3) | in year 3rd | | | (4) 4th | 1 |
| | (1) | | | \-/ | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | , -10 | • |

| Part V | Accumptione | nead to | datarmina | funding | target and | target normal | cost |
|--------|-------------|---------|-----------|---------|------------|---------------|------|

| 21 | Discount rate: | | | | | | |
|-----------------|-----------------------------------|---------------|-------------------------------|---|---------------------------------------|----------|----------------------------|
| | a Segment ra | tes: | 1st segment: 1.99 % | 2nd segment: 5.12 % | 3rd segment: 6.24 % | | N/A, full yield curve used |
| | b Applicable r | nonth (ent | er code) | | | 21b | 0 |
| 22 | | | | | | 22 | 62 |
| 23 | Mortality table(| s) (see ins | structions) X Pr | escribed - combined Pre | scribed - separate | Substitu | ite |
| Pai | rt VI Misce | llaneou | s items | | | | |
| | Has a change | been mad | e in the non-prescribed ac | tuarial assumptions for the current | - | | |
| 25 | | | | | | | Yes X No |
| 26 | Is the plan requ | uired to pre | ovide a Schedule of Active | Participants? If "Yes," see instruc | ctions regarding required | attachme | nt Yes X No |
| | If the plan is el | gible for (a | and is using) alternative fu | nding rules, enter applicable code | and see instructions | 27 | |
| Pai | 1 ' ' | | | m required contributions | | | www.ii. |
| 28 | | | | ears | | 28 | 0 |
| 29 | Discounted em | ployer cor | ntributions allocated toward | unpaid minimum required contrib | outions from prior years | 29 | 0 |
| 30 | | | | ntributions (line 28 minus line 29) | | 30 | 0 |
| Par | rt VIII Minin | num rec | uired contribution 1 | or current year | | | |
| 31 | Target normal | cost, adjus | sted, if applicable (see inst | ructions) | | | |
| | a Target norma | al cost (line | ∋ 6) | | | 31a | 129,296 |
| | | | | 31a | | 31b | 78,341 |
| 32 | Amortization in | stallments | : | | Outstanding Bala | nce | Installment |
| | a Net shortfall | amortizatio | on installment | | | 0 | 0 |
| | b Waiver amor | tization ins | stallment | | | 0 | 0 |
| 33 | If a waiver has (Month | | | ter the date of the ruling letter gra) and the waived amount . | | 33 | 0 |
| 34 | Total funding re | | | /prefunding balances (lines 31a - 3 | | 34 | 50,955 |
| | | 4 | . | Carryover balance | Prefunding Bala | | Total balance |
| 35 | Balances electronic requirement . | | to offset funding | 0 | | 0 | 0 |
| 36 | | | | | | 36 | 50,955 |
| | Contributions a | llocated to | ward minimum required c | ontribution for current year adjuste | d to valuation date | 37 | 55,697 |
| 38 | Present value of | of excess of | contributions for current ye | ar (see instructions) | ' | | |
| | a Total (excess | , if any, of | line 37 over line 36) | | | 38a | 4,742 |
| | | | | orefunding and funding standard c | | 38b | 0 |
| | | | | ear (excess, if any, of line 36 over | | 39 | |
| 10 | Unpaid minimu | m required | d contribution for all years | | | 40 | |
| ² ar | t IX Pens | ion fun | ding relief under Pe | nsion Relief Act of 2010 (| see instructions) | | |
| 11 | If a shortfall amo | ortization b | pase is being amortized pu | rsuant to an alternative amortizati | on schedule: | | |
| | | | | | | | 2 plus 7 years 15 years |
| | b Eligible plan | ear(s) for | which the election in line | 41a was made | | 200 | 08 2009 2010 2011 |
| 12 | Amount of accel | eration ad | justment | | | 42 | |
| 13 | Excess installme | ent accele | ration amount to be carried | d over to future plan.years | · · · · · · · · · · · · · · · · · · · | 43 | · |
| | | | | | | | · |

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

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 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.

^{**}Warning** 415 limit exceeded by one or more participants. See Notes and Warnings report.

Schedule SB, line 19 - Discounted Employer Contributions

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 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 | Adjusted Quarterly | Effective Rate | Penalty Rate |
|------------------------------------|------------|----------|--------------------------|--|-----------------------|-------------------|-----------------|
| Deposited Contribution | 3/15/2013 | \$60,000 | | | | | |
| Applied to Additional Contribution | 12/31/2011 | 5,011 | 4,742 | 0 | 0 | 4.7 | 0 |
| Applied to MRC | 12/31/2011 | 9,129 | 8,638 | 0 | 0 | 4.7 | 0 |
| Applied to Quarterly Contribution | 4/14/2012 | 11,465 | 10,395 | 0 | 11,465 | 4.7 | 9.7 |
| Applied to Quarterly Contribution | 7/14/2012 | 11,465 | 10,516 | 0 | 11,465 | 4.7 | 9.7 |
| Applied to Quarterly Contribution | 10/14/2012 | 11,465 | 10,640 | 0 | 11,465 | 4.7 | 9.7 |
| Applied to Quarterly Contribution | 1/14/2013 | 11,465 | 10,766 | 0 | 11,465 | 4.7 | 9.7 |
| Totals for Deposited Contribution | | \$60,000 | \$55,697 | \$0 | \$45,860 | | |

^{**}Warning** 415 limit exceeded by one or more participants. See Notes and Warnings report.

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

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 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 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)

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 -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

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

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

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 -8.5%

Post-Retirement - Interest -8.5%

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated 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

^{**}Warning** 415 limit exceeded by one or more participants. See Notes and Warnings report.

Schedule SB, Part V Summary of Plan Provisions

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

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

Employer: Dilip M. Thakker Physician PC

Type of Entity - S-Corporation

EIN: 20-2546910 TIN: 20-2038187 Plan #: 001

Dates: Effective - 1/1/2004 Year end - 12/30/2012 Valuation - 12/31/2011

Top Heavy Years - 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011

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

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 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 - 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 graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula

A 10% of average monthly compensation per year of participation

limited to 10 year(s)

B per year of participation 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: 0% 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: \$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

Vesting Schedule: Years Percent

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

Service is calculated using all years of service

^{**}Warning** 415 limit exceeded by one or more participants. See Notes and Warnings report.

Schedule SB, Part V Summary of Plan Provisions

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

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

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

Interest Rates -

| Years | Rate % |
|--------|-----------------|
| 0 - 5 | 2.20 |
| 6 - 20 | 4.18 |
| > 20 | 4.81 |
| | 0 - 5 6 - 20 |

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 - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

^{**}Warning** 415 limit exceeded by one or more participants. See Notes and Warnings report.