Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Possion Report Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

re	ension be	nent Guaranty Corporation	▶ Complete all entries in ac	cordance w	ith the instruc	tions to the Form 5500	O-SF.		<u> </u>
	rt I		Identification Information						
For o	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012		and ending 1	2/31/2	2012	
A T	This ret	urn/report is for:	X a single-employer plan	a multip	ole-employer pla	an (not multiemployer)		a one-partici	pant plan
Вт	Γhis ret	urn/report is:	the first return/report	the final	l return/report			_	
		•	an amended return/report	a short p	olan year return	/report (less than 12 mg	onths)		
C	Check h	oox if filing under:	Form 5558	automa	tic extension			DFVC progra	am
	JIIOOK L	oox ii iiiiiig anaci.	special extension (enter descri	ш					
Da	rt II	Racio Blan Info	rmation—enter all requested info	. /					
	Name		mation—enter all requested into	Offialion			1h	Three-digit	
		OI PIAIT NGARU PENSION PL	AN				10	plan number	
	0. 2							(PN) •	002
							1c	Effective date of	f plan
								01/01	/2003
2a	Plan sp	oonsor's name and ad NGARU, MD PC	dress; include room or suite numbe	er (employer,	, if for a single-	employer plan)	2b		ification Number
DADC) 3. DA	NGARO, MD FC					_	-	855383
							2c	Sponsor's telep	
		DRIVE , NY 11576					24		(see instructions)
		,					Zu	6211	` ,
3a	Plan ad	dministrator's name ar	nd address XSame as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's	
				_		oponios. / taa. ooo		7.0	
							3с	Administrator's	telephone number
4	If 41			th a last vat	-/		41-		
4			e plan sponsor has changed since t mber from the last return/report.	tne last returi	n/report filed to	r this plan, enter the	4b	EIN	
а		or's name					4c	PN	
5a	Total r	number of participants	at the beginning of the plan year				5a		2
b	Total r	number of participants	at the end of the plan year				5b		2
			account balances as of the end of t						
					•	•	5c		
6a	Were	all of the plan's assets	s during the plan year invested in el	ligible assets	s? (See instruct	ions.)			X Yes No
b	•	•	f the annual examination and report				,		□ v □ N.
			? (See instructions on waiver eligibi						X Yes No
			ither line 6a or line 6b, the plan ca						
			or incomplete filing of this return						
			her penalties set forth in the instruc nd signed by an enrolled actuary, a						
		rue, correct, and comp		o won do tho	olootionio voic	or the retain, report	, and	io ano book of my	miomoago ana
		Filed with outhorized	halid alastropia signatura	10/1	14/2012	DEDDA NEWALLO			
SIGI		riled with authorized/	valid electronic signature.	10/1	11/2013	DEBRA NEWALLO			
IILIN	\ <u>_</u>	Signature of plan a	dministrator	Date	e	Enter name of individu	ıal sig	ıning as plan adr	ninistrator
SIGI									
HER	RE	Signature of emplo	yer/plan sponsor	Date	e	Enter name of individu	ıal sig	ning as employe	er or plan sponsor
Prep	arer's i	name (including firm n	name, if applicable) and address; inc	clude room c	or suite number				number (optional)
						-			

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information								_
7	Plan Assets and Liabilities		(a) Beginning of Yea	nr		(b) End of Y	ear		_
	Total plan assets	. 7a	118912			` '	430963	}	_
	Total plan liabilities	7b		0			0		_
	Net plan assets (subtract line 7b from line 7a)	7c	118912	20		1	430963		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	Contributions received or receivable from:		(4) 1 1111 1111			()			
	(1) Employers	8a(1)	20000	0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	4184	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					241843		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					C)	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					241843	3	
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acterist	ic Codes ir	the instruction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristic	Codes in	the instructions:			_
Part	V Compliance Questions								_
10	•				Yes No	A			_
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		Tes NO	Am	ount		_
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	ection Program)	10a	X				_
D	on line 10a.)	•	•	10b	X				
С	Was the plan covered by a fidelity bond?			10c	X				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	X				
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service or other organization that provides some or all o			100	X				
	instructions.)			10e	X				_
f	Has the plan failed to provide any benefit when due under the plan			10f					_
<u>g</u>				10g	X				_
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance				•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						Yes	П No	_
112	Enter the amount from Schedule SB line 39							0	
12	Is this a defined contribution plan subject to the minimum funding				•	EDISA2	Yes	X No	
-14	, ,			OI SEC	,uon 302 01	LNIOM!	103		-
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the complete line 12a or lines 12b, 12c, 12d, and 12e below,	ng amortiz	ed in this plan year, see instruc		_			ing	_
	granting the waiver			th	Day	/Yea	ar		_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	-			12b				_
a	Enter the minimum required contribution for this plan year				120	1			

	Form 5500-SF 2012 Page 3 - 1			
			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2012

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						▶ Fi	ile as an attach	ımenı	t to Form	5500 or	5500-	·SF.							
Fo	r calendar	pla	n year 2012	2 or f	iscal plan y	ear beginning	01/01/2012	2				and end	ding	12/31/	2012	2			
Þ	Round o	ff aı	nounts to	near	est dollar.														
•	Caution:	Αp	enalty of \$	1,000	will be ass	essed for late	filing of this repo	ort un	less reaso	nable ca	use is	s establis	hed.						
	Name of p		DUDENC	IONI	DI ANI						В	Three-d	ligit				0	02	
BA	BU S. BAI	NG/	RU PENS	ION	PLAN							plan nu	mbe	r (PN)		•		<u> </u>	
_	Plan span	cor'	e nama ac	chow	n on line 2	a of Form 5500	or 5500 SE				D	Employe	r Ido	ntification	n Niu	mbor (EINI)		
			RU, MD P		iii Oii iiile Za	3 01 101111 3300	0 0 3300-31							illillicatio	IIINU	illibei (LIIV)		
			-,								13	-3355383	5						
F	Type of pla	n·	X Single	П	Multiple-A	Multiple-B		F Pri	ior year pla	n size.	100	or fewer	П	101-500	П	More t	han 500		
				ш		I Walapic B	•		ioi yeai pie	11 3120.	100	or icwei	Ш	101-300	Ш	WOIC	nan 500		
			sic Infor																
1	Enter th	e va	aluation dat	te:	N	/lonth	Day <u>01</u>		_ Year _	2012									
2	Assets:												_	_					
	a Marke	et va	ılue											2a					1181944
	b Actua	rial	value											2b					1181944
3	Funding	j tar	get/particip	ant c	ount break	down:				(1) N	lumbe	er of partic	cipar	nts		(2)	Funding	Target	
	a For re	etire	d participar	nts ar	nd beneficia	ries receiving	payment		3a					0					0
	b For te	ermi	nated veste	ed pa	rticipants				3b					0					0
	C For a	ctive	e participan	nts:				_											
	(1)	١	lon-vested	bene	fits				3c(1)										1744
	(2)	٧	ested bene	efits					3c(2)										1113432
	(3)	Т	otal active						3c(3)					2					1115176
	d Total								3d					2					1115176
4	If the pl	an i	s in at-risk	status	s, check the	box and comp	olete lines (a) an	nd (b)			П								
							imptions				ш			4a					
	_	•	Ū	•	0.		lisregarding tran							46					
							ars and disregard							4b					
5	Effectiv	e int	erest rate.											5					7.52 %
6	Target i	norn	nal cost											6					1417
Sta	tement by	/ Er	rolled Act	tuary															
							nd accompanying school r assumption is reason												
						erience under the p													
,	SIGN																		
H	IERE														C	09/20/2	013		
					Signa	ture of actuary										Date			
DA	VID PAVE	L														11-026	889		
					Type or pri	nt name of act	uary							Most rec	ent e	enrollm	ent num	ber	
AP	S PENSIO	N &	FINANCIA	AL SE	RVICES										į	516-22	8-8444		
					F	irm name					_	_	Tele	ohone nu				ea code)	
			RY RD, STE	E 310												,	3	,	
VVC	OODBURY	, IN	11/9/																
					اد له ۸	ess of the firm					_								
					Addi	ess of the film													
	e actuary l	nas	not fully ref	flecte	d any regul	ation or ruling	promulgated und	der th	ne statute	in comple	eting t	this sched	dule,	check th	e bo	x and	see		

Page	2	_

Pa	rt II	Begir	ning of Year	Carryov	er Prefunding Balan	ces							
							(a) Carryover balance	9	(b)	Prefundi	ng balance	
7		•	0 , ,		cable adjustments (line 13	•			0			0	
8			•	•	unding requirement (line 3				0			0	
9	Amoun	t remainii	ng (line 7 minus lin	e 8)					0			0	
10	Interest	t on line 9	using prior year's	actual ret	urn of%				0			0	
11	Prior ye	ear's exce	ess contributions to	be added	d to prefunding balance:								
	a Pres	ent value	of excess contribu	ıtions (line	38a from prior year)							95012	
					nterest rate of5.32 9							5055	
	C Total	available	at beginning of cur	ent plan ye	ear to add to prefunding bala	ınce						100067	
	d Porti	on of (c)	to be added to pre	funding ba	alance							100067	
12	Other r	eductions	s in balances due t	o elections	s or deemed elections						100067		
13	Balance	e at begir	nning of current ye	ar (line 9 +	+ line 10 + line 11d – line 12	2)			0			0	
P	art III	Fun	ding Percenta	ges									
14	Funding	g target a	ttainment percenta	age							14	105.98 %	
15	Adjuste	ed funding	g target attainment	percentag	je						15	105.98 %	
16					of determining whether ca						16	97.55 %	
17	If the co	urrent val	ue of the assets of	the plan i	s less than 70 percent of th	ne funding ta	arget, ent	er such percentage			17	%	
Pa	art IV	Con	tributions and	Liquid	ity Shortfalls								
18	Contrib			-	ear by employer(s) and em	nployees:							
(N	(a) Dat M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount p employer		((c) Amount paid by employees		
80	/21/2013	3		200000	C)							
						Totals >	18(b)	200000	18(c)		C	
19			-		tructions for small plan with								
				•	imum required contribution	•	•		. 19a			0	
					djusted to valuation date				19b			0	
					uired contribution for current	year adjuste	d to valua	ation date	. 19c			177634	
20		-	outions and liquidit										
			_		the prior year?						<u> </u>	Yes No	
					y installments for the currer			ely manner?				Yes X No	
	C If line	e 20a is "	Yes," see instruction	ons and co	omplete the following table								
		(1) 19	st T		Liquidity shortfall as of (2) 2nd	ena or quart		plan year 3) 3rd			(4) 4th	า	
		() (0		(-)	0		-,	0		,	0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:								
	a Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ll yield	curv	e used
	b App	licable month (enter code)		1	. 21b				1
22	Weigh	ted average ret	tirement age			. 22				62
23	Mortali	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	tuarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment			Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		. 29				0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	a Targ	et normal cost	(line 6)			. 31a				1417
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				1417
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent	
	a Net	shortfall amortiz	zation installment			0				0
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount		. 33				0
34	Total for	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	. 34				0
				Carryover balance	Prefunding bala	ince	То	tal bal	ance	
35			use to offset funding	(0				0
36	Additio	nal cash requir	rement (line 34 minus line 35)			. 36				0
37				ontribution for current year adjuste		37				177634
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	I (excess, if any	y, of line 37 over line 36)			. 38a				177634
	b Porti	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid	d minimum requ	uired contributions for all years	S		. 40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	5)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:				_	_	
	a Sche	edule elected	·····				2 plus 7 yea	rs	15	years
	b Eligible plan year(s) for which the election in line 41a was made					200	8 2009	2010		2011
42	2 Amount of acceleration adjustment					42	<u> </u>	_		
			celeration amount to be carrie		. 43					

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN 13-3355383 / 002

For the plan year 1/1/2012 through 12/31/2012

Valuation Date: 1/1/2012

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not 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) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the First Month Prior to Val 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

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

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

Pre-Retirement - Mortality Table - None

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

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

Cost of Living - None

Lump Sum - I83M - 1983 Individual Annuity (male) at 5%

or

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

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - G83M - 1983 Group Annuity (male)

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

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 section 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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P	art I Annual Repo	ort Identification Information						
11 11 12	calendar plan year 2012 o		01	/01/2012	and ending	1	2/31/2012	
Α	This return/report is for:	🗙 a single-employer plan	a mult	iple-employer pl	an (not multiemployer)		a one-partici	pant plan
В	This return/report is:	the first return/report	_ the fin	al return/report			_	
		an amended return/report	a shor	t plan year retur	n/report (less than 12 m	onths)	
С	Check box if filing under:	x Form 5558	=	atic extension			DFVC progra	am
_	· · · · · · · · · · · · · · · · · · ·	special extension (enter descrip	ᇤ tion)					
P	art II Basic Plan In	nformation enter all requested in						
1a		THE CINCLE AN TEGGESTER IN	omadon			1b	Three-digit	
	BABU S. BANGARU E	PENSTON PLAN					plan number (PN) ▶	002
	LIEG D. MINGENO					1c	Effective date of	<u> </u>
							01/01/2003	•
2a	Plan sponsor's name and BABU S. BANGARU,	l address; include room or suite number	(employe	er, if for a single	-employer plan)	2b		ification Number
	BABO 3. BANGARO,	MD FC					(EIN) 13-33	
						2c	Sponsor's telep (516) 484-	
	175 PEACH DRIVE					2d		(see instructions)
1,	EAST HILLS	NY 11576					621111	(doo mandonono)
		e and address 🕱 Same as Plan Spon	sor Name	Same as F	lan Sponsor Address	3b	Administrator's	EIN
1								
						3с	Administrator's	telephone number
.~								
4.6								
4	If the name and/or FIN of	the plan sponsor has changed since th	e last reti	urn/report filed fo	or this plan enter the	4h	EIN	
•		number from the last return/report.	C IGGL TOLL	arrareport med n	or tine plan, enter the		Lii	
a	Sponsor's name					4c	PN	
_	Total number of participa	nts at the beginning of the plan year	***********	*****************	***************************************	5a		2
b		nts at the end of the plan year				5b		2
С		ith account balances as of the end of the				5c		
6a		ets during the plan year invested in eligi						X Yes No
b	Are you claiming a waiver	r of the annual examination and report o	f an inde	pendent qualifie	d public accountant (IQI	PA)		
	under 29 CFR 2520.104-4	46? (See instructions on waiver eligibility	y and con	ditions.)	***************************************			X Yes No
_		either line 6a or line 6b, the plan can					•	
_	<u></u>	ate or incomplete filing of this return/						
		d other penalties set forth in the instructi d and signed by an enrolled actuary, as						
	lief, it is true, forrect, and c	3,		1 .	order of this folder in open	.,	10 1110 2001 01 111	y momodgo and
Š	IGN Below J	(Ganglew 4)	X 9	/25/13 X	BABU BANGARU, MI)		
1.852	ERE Signature of plan a		Date		Enter name of individua	l sign	ing as plan admi	nistrator
							<u> </u>	
	IGN ERE Signature of emplo	ver/plan sponsor	Date	,	Enter name of individua	l sign	ing as employer	or plan sponsor
Pr	VATE OR BUILDING TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	m name, if applicable) and address; inc						number (optional)
								•
						NG ZAO		
						300		

Ð	art III								
7	Plan Assets and Liabilities	9	(a) Beginning of Year	•	T		(b) End o	f Year	
	Total plan assets	7a	1,189,1					1,430,96	 53
b	Total plan liabilities	7b	······································	0					0
c	Net plan assets (subtract line 7b from line 7a)	7c	1,189,1	20				1,430,96	63
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		
a	Contributions received or receivable from:	10111 miles carcinomes	` <u></u>						
	(1) Employers	8a(1)	200,00	00					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0	1800		100		
b	Other income (loss)	8b	41,84	43					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3,4	ž.			241,84	13
d	Benefits paid (including direct rollovers and insurance premiums	8d		0					
_	to provide benefits)			0	12.001				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0		10000			41 1
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	1000	100			
<u>g</u>	Other expenses	8g		1200.00	00000	AR AR	F-127-19-2-28		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i			2,000,00	C YEAR OLD		241,84	د د
050000	Transfers to (from) the plan (see instructions)	8j		0					
P	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Code	es in t	he instructi	ons:	
	1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in the	e instructio	ns:	
P	art V Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
ē	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce	tions within ciary Corre	n the time period described in ection Program)	10a		х			
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?	***********	***************************************	10c		x			
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		,	
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х			
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a								
	Did tile plan have any participant roans: (ii 103, chief amount a	S OT VAAR 6	end)	10a		×			
	If this is an individual apparent plan, was there a black out period?			10g		X			i in the same
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	octions and 29 CFR	10g 10h		x			
-i	2520.101-3.)	See instru	d notice or one of the	-		<u> </u>	# 15 (5) # 15 (5)		
i	2520.101-3.)	See instru	d notice or one of the	10h		<u> </u>		Market State of the Control of the C	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 THE VI. Pension Funding Compliance	See instrume required	d notice or one of the Yes," see instructions and com	10h 10i plete		X ule Si		X Yes [No
i Pa	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	See instrume required -3	d notice or one of the Yes," see instructions and com	10h 10i plete	**********	X ule Si		X Yes	
i Pa	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39	See instrume required	d notice or one of the Yes," see instructions and com	10h 10i plete		x lule Si	**************	X Yes	0
11 11	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39	See instrume required in the requirements? (If "	d notice or one of the Yes," see instructions and coments of section 412 of the Code	10h 10i plete		x lule Si	**************		0
11 11 12	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 THE Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	e required nents? (If "	Yes," see instructions and coments of section 412 of the Code able.)	10h 10i plete or sec	ction 3	x lule Si	ERISA?	Yes	O X No
11 11 12	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being	See instrume required in the requirements? (If """""""""""""""""""""""""""""""""""	Yes," see instructions and coments of section 412 of the Code able.)	10h 10i plete or sec	ction 3	x lule Si	ERISA?	Yes 2	O X No
11 11 12 a	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is beingranting the waiver	see instrumente requirements? (If """""""""""""""""""""""""""""""""""	Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instructions and coments of section 412 of the Code able.)	10h 10i plete or sections,	and e	x lule Si	ERISA?	Yes 2	O X No

	Form 5500-SF 2012		Page 3 -				
C	Enter the amount contributed by the employer to the plan	n for this plan year	*************************		12c		
d	Subtract the amount in line 12c from the amount in line 1 negative amount)				12d		
е	Will the minimum funding amount reported on line 12d b	e met by the funding dead	ine?			Yes	No N/A
Part	VII Plan Terminations and Transfers of	Assets			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13a	Has a resolution to terminate the plan been adopted in a	ny plan year?	************************	***************************************	☐ Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverte				13a		
b	Were all the plan assets distributed to participants or ber of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instructi		other plan(s), identi	y the plan(s) to	<u> </u>		
	13c(1) Name of plan(s):			130	(2) EIN(s	s)	13c(3) PN(s)
Pari	VIII Trust Information (optional)						
14a	Name of trust				14b Tr	ust's EIN	
					I		

September 20, 2013

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

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

For the plan year 1/1/2012 through 12/31/2012

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

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

For the plan year 1/1/2012 through 12/31/2012 Valuation Date: 1/1/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	
Deposited Contribution Applied to Additional Contribution	8/21/2013 1/1/2012	\$200,000 200,000	177,634	0	0	7.52	0
Totals for Deposited Contribution		\$200,000	\$177,634	\$0	\$0		

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

2012

This Form is Open to Public Inspection

► File as an attachmen	nt to Form	5500 or	5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01/01/	2012		and ending	12/	31/201	2
▶ Round off amounts to nearest dollar.						
► Caution: A penalty of \$1,000 will be assessed for late filing of this report to	uniess reas	onable ca	use is established	j.		
A Name of plan			B Three-digit			
BABU S. BANGARU PENSION PLAN			plan numb	er (PN)	>	002
			В			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Ide	entificat	ion Numbe	er (EIN)
BABU S. BANGARU, MD PC			13	3-3355	383	
E Type of plan: ▼ Single Multiple-A Multiple-B F F	Prior year pl	an size:[∑	100 or fewer	101-5	00 <u> </u>	ore than 500
Part I Basic Information						•
1 Enter the valuation date: Month 01 Day 01	Year	2012				
2 Assets:					7.7	
a Market value				2a		1,181,944
b Actuarial value			· •	2b		1,181,944
3 Funding target/participant count breakdown			umber of participa	nto		2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	(1) 14	ulliber of participa	0		c) runding raiget
b For terminated vested participants				0		0
•	OD.		*************	TO SECTION		U
C For active participants:	20(4)					1 744
(1) Non-vested benefits	<u> </u>					1,744
(2) Vested benefits	- (-)					1,113,432
(3) Total active				2		1,115,176
d Total	3d			2		1,115,176
4 If the plan is in at-risk status, check the box and complete lines (a) and ((b)					
a Funding target disregarding prescribed at-risk assumptions	• • • • • • • • • • • • •	• • • • • • • •		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition	on rule for p	lans that	have been in	4b		
at-risk status for fewer than five consecutive years and disregarding	loading fa	ctor	•••••			
5 Effective interest rate	• • • • • • • • • • • • •			5		7.52 %
6 Target normal cost				6		1,417
Statement by Enrolled Actuary						
To the best of my knowledge, the information supplied in this schedule and accompanying schedul accordance with applicable law and regulations. In my opinion, each other assumption is reasonab	les, statements le (taking into a	and attachm account the	nents, if any, is complete experience of the plan a	e and accu nd reasor	ırate, Each pr able expectat	esribed assumption was applied in ions) and such other assumptions, ir
combination, offer my best estimate of anticipated experience under the plan.						
SIGN						
HERE					09/20/2	013
Signature of actuary					Date)
DAVID PAVEL					11-0268	9
Type or print name of actuary				Most re	cent enrol	Iment number
APS PENSION & FINANCIAL SERVICES				(51	.6) 228-	-8444
Firm name			Tele	enhone	number (ir	ncluding area code)
1000 WOODBURY RD, STE 310				Jp110110		iolianing aloa obao,
account the ban and						
US WOODBURY NY 11797						
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated under	the statute	in compl	eting this schedul	e, chec	k the box a	and see
instructions		<u> </u>				_

Da	~	_	2
-	u	_	~

Schedule SB (Form 5500) 2012

Pai	til Beg	ginning of Year (Carryov	er Prefunding Balances								
		gg				(a) C	Carryover balance		(b) P	refundi	ng balance	
7	Balance at b	eginning of prior year	after appli	cable adjustments (line 13 fro	m prior			0				
8	Portion elect	ed for use to offset pr	ior year's f	unding requirement (line 35 fr	om			0				0
9	Amount rema	aining (line 7 minus li	ne 8)	****************				0				0
10				turn of0.00%				0				0
11				d to prefunding balance:			77.0					
	-			e 38a from prior year)		400		L			95,	012
	b Interest o	n (a) using prior year	s effective	interest rate of5.32% e	xcept as						5,	0 <u>55</u>
				n year to add to prefunding ba				L			100,	067
				alance							100,	067
12	Other reduct	tions in balances due	to election	s or deemed elections				0			100,	067
13	Balance at b	eginning of current ye	ear (line 9	+ line 10 + line 11d - line 12) .				0				0
Pa	rt III 🌼 F	unding Percenta	ides		·							
CALL REPORT OF THE PARTY OF THE	hyderical entrances and property and									14	105.98	%
				ge						15	105.98	%
	Prior vear's 1	funding percentage fo	r purposes	s of determining whether carry	over/pref	unding bala	inces may be used t	to redu	ce	16	97.55	5 %
17				is less than 70 percent of the						17		%
a forest (2005)	sancemore/Articles	Contributions an										
122 Acres 11 (4) 27 P	CONTRACTOR OF THE PARTY OF THE			year by employer(s) and employer	ovees:							
	(a) Date M-DD-YYYY)	(b) Amount pa	aid by	(c) Amount paid by employees	(a	a) Date DD-YYYY)	(b) Amount p employer	oaid by (s)	1		ount paid by loyees	
08,	/21/2013	2	00,000									
								_				
						····				•••		
										·		
1000					Totals	► 18(b)	:	200,0	18(c			0
19	Discounted	employer contribution	s see in	structions for small plan with a	valuatio	n date after	the beginning of the	e year:				
	a Contribut	ions allocated toward	unpaid mi	nimum required contribution fr	om prior	years		19a				0
	b Contribut	ions made to avoid re	strictions	adjusted to valuation date	• • • • • • • • • • • • • • • • • • • •			19b				0
	c Contribut	ions allocated toward	minimum	required contribution for curre	nt year a	djusted to v	aluation date	19c	District Adv. Mar. Holder Phys.		177,	634
20		ontributions and liquid						l				entile.
	a Did the p	lan have a "funding sl	nortfall" for	the prior year?				• • • • • •	•••••	🛚	Yes N	
	b If line 20a	a is "Yes," were requi	ed quarter	ly installments for the current	year mad	de in a timel	ly manner?		•••••		Yes 🗵 N	lo
	C If line 20a	a is "Yes," see instruc	tions and	complete the following table as	applical	ole:					7	
				Liquidity shortfall as of end		er of this pla				(1) 1	. <u></u>	
	(1) 1st		(2) 2nd		(3)	3rd	-		(4) 4	th	
								1				

Pa	rt V	Assumption	ons Used To Determine	Funding Target and Targ	et Normai Cost		
21	Disco	unt rate:					
	a Se	egment rates:	1st segment: 5 . 54 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield curve used
	h Ar	onlicable month				21b	1
22						22	62
		·			scribed - separate	Substitut	e
23		ility table(s) (se	,	escribed - Corribated 1 tes	Consecution [,	
	t VI		eous items				
24	Has a	a change been i	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	is regarding required
	attac	hment					Yes X NO
25				an year? If "Yes," see instructions			
26	Is the	plan required t	to provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmer	nt Yes X No
27				ter applicable code and see instru		27	
Pai	rt VII			ım Required Contribution			
				ears		28	0
28 29				d unpaid minimum required contrib			
29						29	0
30				ntributions (line 28 minus line 29)		30	0
Pai	rt VIII		Required Contribution		 		
31			and excess assets (see instruc				
<u> </u>						31a	1,417
				line 31a		31b	1,417
				mic ora * * * * * * * * * * * * * * * * * * *	Outstanding Bala		Installment
-		rtization installn			Outstanding Date	0	0
	_					0	0
33	If a v (Mor			nter the date of the ruling letter gra) and the waived amount .		33	0
34	Total	funding require	ment before reflecting carryove	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding Bala	nce	Total balance
35	Polo	nces elected for	r use to offset funding				
55				0		0	0
36	Addi	tional cash requ	uirement (line 34 minus line 35)			36	0
	Conf	ributions alloca	ted toward minimum required o	contribution for current year adjuste	ed to valuation date	37	177,634
			cess contributions for current y				1
_ 30						38a	177,634
						38b	0
				prefunding and funding standard		39	0
				ear (excess, if any, of line 36 over		40	
<u>40</u>			quired contribution for all years				
Pa	rt IX	Pension	Funding Relief Under	Pension Relief Act of 2010	(See instructions)	!	
41			ade to use PRA 2010 funding re				7.0-17
							2 plus 7 years 15 years
	b EI	igible plan year	(s) for which the election in line	41a was made	<i></i>		08 2009 2010 2011
42	Amo	unt of accelerati	ion adjustment			42	
43	Exce	ss installment a	occeleration amount to be carrie	ed over to future plan years		43	

Schedule SB, Part V Summary of Plan Provisions

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN 13-3355383 / 002

For the plan year 1/1/2012 through 12/31/2012

Employer: BABU S. BANGARU MD PC

Type of Entity - Professional Service Corporation

EIN: 13-3355383 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 1/1/2003 Year end - 12/31/2012 Valuation - 1/1/2012

Top Heavy Years - 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012

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

Minimum age - 21 Months of service - 12

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

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

Retirement: Normal - Anniversary date coincident with or nearest following attainment of age 62 and completion of 5 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:

3.75% of average monthly compensation per year of service after

1/1/1997 beginning year 1 limited to 15 year(s)

Accrued Benefit - Unit credit based on service. Service prior to 1/1/1997 is excluded

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) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

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

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

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

Maximum 401(a)(17) compensation - \$250,000

Normal Form: Life Annuity

Optional Forms:

Life Annuity Guaranteed for 10 Years

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

<u>Vesting Schedule:</u> Years Percent

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

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN 13-3355383 / 002

For the plan year 1/1/2012 through 12/31/2012

<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	2.09
6 - 20	4.56
> 20	5.50
	0 - 5 6 - 20

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

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - I83M - 1983 Individual Annuity (male)