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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accordance 	ordance with the instruc	ctions to the Form 5500)-SF.		•
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 12/31/20	013	and ending 0:	3/31/2	014	
A This ret	turn/report is for:	x a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	x the final return/report				
		an amended return/report	🗙 a short plan year returi	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	tion)				
Part II	Basic Plan Infor	mation—enter all requested infor	mation				
1a Name	of plan				1b	Three-digit	
DILIP THAKI	KER MD DEFINED BEI	NEFIT PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	
						01/01	
	ponsor's name and add IAKKER PHYSICIAN PO	ress; include room or suite number	(employer, if for a single-	employer plan)			fication Number 46910
10 EAST 9T	'LL AVE				2c	Sponsor's telep	
	ILLE, NY 12078				2d	Business code ((see instructions)
						62111	i1
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	r Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the last return/report.	e last return/report filed fo	or this plan, enter the			
name	, EIN, and the plan num or's name			·	4c		3
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.					3
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	e plan year (defined bene	fit plans do not	4c 5a 5b		
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	e plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	0
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Reginning of Ves				(b) End of Voor
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan liabilities	7a 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	252311				0
8	, ,	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	-1620	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-16204
d	Benefits paid (including direct rollovers and insurance premiums	8d	250690	8			
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		0			
_	Administrative service providers (salaries, fees, commissions)			0			
		8f		0			
<u>g</u>	Other expenses (add lines 2d, 2s, 2f, and 2s)	. 8g		0			2506908
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-2523112
÷	Net income (loss) (subtract line 8h from line 8c)	8i					-2023112
		8j		0			
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A	teature co	des from the List of Plan Chara	acteris	stic Co	ides in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a		tions withi	n the time period described in				Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
	,				X		
C				10c			100000
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 instructions.)			10e		X	
f				10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h			
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	1011			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required contribution for this plan year	•	· •			12b	

Page	3 -	1
гаус	J	

С	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			
е	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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	No
С	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.)	:0			
1	3c(1) Name of plan(s):	3c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

				•	File as an attach	ment to Form	5500 or	5500-SF.					
Fc	r calendar	plan year 2013	or fiscal plar	n year beginning	g 12/31/2013	3		and	ending	03/31/2	2014		
•	Round of	f amounts to i	nearest dolla	ır.									
•	Caution:	A penalty of \$1	,000 will be a	ssessed for late	e filing of this repo	ort unless reas	onable ca	ause is esta	blished	l.			
	Name of pl							B Thre	e-digit				
DII	LIP THAKK	ER MD DEFIN	IED BENEFIT	PLAN				plan	numbe	er (PN)	•	001	
												•	
_													
				2a of Form 550	00 or 5500-SF			D Empl	oyer Id	entification	n Number	(EIN)	
ווט	_IP M. THA	KKER PHYSIC	JIAN PC							20-25469°	10		
										-			
E	Type of plai	n: X Single	Multiple-A	Multiple-E	3	F Prior year pl	an size:	100 or fe	wer	101-500	More	than 500	
Р	art I E	Basic Inforn	nation										
1	Enter the	e valuation date	e:	Month 12	Day <u>31</u>	Year	2013						
2	Assets:		-					_					
	a Marke	t value								2a			2523112
	b Actual	rial value								2b			2523112
3		target/participa					1	lumber of p		ents	(2)	Funding Target	2020112
Ū					g payment	3a	(1)1	idiliber of p	artioipe	0	(-)	T dilding ranger	
										2			9388
		tive participant		,									9300
	(1)					3c(1)	_						
	(2)						_						1933964
	(3)					2 (2)				1			1933964
	. ` ′									3			1943352
4					mplete lines (a) ar			П		J			1040002
7	•				,	` '		ш	ĺ	40			
			σ.		sumptions					4a			
					disregarding tran ears and disregar					4b			
5										5			6.15 %
6	Target n	ormal cost								6			0
Sta	tement by	Enrolled Actu	uary										
					and accompanying sch								
				experience under the	her assumption is reaso e plan.	onable (taking into a	account the e	experience or th	e pian ar	io reasonable	expectations	s) and such other assu	mpuons, m
	SIGN												
	HERE										07/28/	/2014	
-			Sin	nature of actual	rv						Date		
TH	FODORE A	ANDERSEN, M	ŭ		.,						14-02	0034	
	LOBORLY	THE TOLIN, IN		print name of a	ıctuary					Most rece		nent number	
PF	NSION ASS	SOCIATES	1 9 0 0 1	print name of a	lotdary					WOOL TOO		56-0306	
	TOTON AG	SOUIATEO		Firm name				_	Tale	nhone nu		luding area code	`
		MAIN ST, STE	230	i iiiii iiaiiie					1 616	priorie nu	mber (IIIC	idding area code	,
ST	AMFORD,	CT 06902											
								_					
			A	ddress of the fire	m 								
	•	as not fully refl	ected any req	gulation or ruling	g promulgated un	der the statute	in comple	eting this so	hedule	, check th	e box and	l see	П
nst	ructions												_

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Schedule SB (Form 5500) 2013

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding Ba	alances						
							(a) C	arryover balance	!	(b)	Prefundir	ng balance
7		-	•		icable adjustments (line 13 f				0			237634
8			•	-	funding requirement (line 35				0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			237634
10	Interest	t on line 9	9 using prior year's	s actual re	turn of <u>35.73</u> %				0			84907
11	Prior ye	ear's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	e 38a from prior year)							0
					interest rate of 5.57 %							0
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce			_			0
	d Porti	on of (c)	to be added to pre	efunding ba	alance							0
12	Other re	eductions	s in balances due	to election	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ear (line 9	+ line 10 + line 11d – line 12)			0			322541
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	113.23 %
15	Adjuste	ed fundin	g target attainmen	t percenta	ge						15	129.83 %
16					s of determining whether car) 	16	110.22 %
17	If the cu	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	get, enter s	uch percentage			17	%
P	art IV	Con	tributions and	d Liquid	lity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	vear by employer(s) and emp	oloyees:						
(N	(a) Dat		(b) Amount p		(c) Amount paid by	(a) Da		(b) Amount p		(nt paid by
(IV	IM-DD-Y	111)	employer	(8)	employees	(MM-DD-	1111)	employer	(8)		emplo	byees
						Totals ▶	18(b)		0	18(c)		0
19	Discour	nted emp	lover contributions	s – see ins	tructions for small plan with	a valuation d	` ' '	e beginning of the		()		
			-		nimum required contributions				19a			0
	_				djusted to valuation date				19b			0
					uired contribution for current y				19c			0
20			outions and liquidit		•	,						
		-		-	the prior year?							Yes X No
			_		y installments for the current						<u> </u>	Yes No
			·		omplete the following table a	•	•					
	2				Liquidity shortfall as of e			n year				
		(1) 19	st		(2) 2nd			3rd			(4) 4th	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	b Appl	icable month (enter code)			21b				0
22	Weight	ed average ret	irement age			22				62
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired		
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27		•	o alternative funding rules, ent	ter applicable code and see instruc	tions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		-	years		28				0
29			•	I unpaid minimum required contrib		29				
										0
30	Remair	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	Target	normal cost a	nd excess assets (see instruct	ions):						
	a Targe	et normal cost	(line 6)			31a				0
	b Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lr	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortization	n installment			0				0
33				ter the date of the ruling letter grar) and the waived amount		33				0
34	Total fu	ınding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35			use to offset funding	0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	•		ess contributions for current ye			1				
			_			38a				0
-				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40		-)	•	40				
	rt IX			Pension Relief Act of 2010		l				
			de to use PRA 2010 funding re		(<u>, </u>				
							2 plus 7 yea	rs	15	years
				41a was made				2010	_	2011
42			•			42	∐ -			
				d over to future plan years		<u> </u>				

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

2013

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Information						
For	calend	dar plan year 2013 or fis	scal plan year beginning		/31/20		and ending	03/	/31/2014
Α.	This re	eturn/report is for:	x a single-employer plan	a multi	iple-emplo	oyer pl	lan (not multiemployer)		a one-participant plan
В .	This re	eturn/report is:	the first return/report		al return/r	•			
			an amended return/report	x a short	t plan yea	r retur	rn/report (less than 12 m	nonths)	
C	Check	k box if filing under:	Form 5558	autom	atic exten	sion			DFVC program
			special extension (enter descri	iption)			,		
Pa	art II	Basic Plan Info	ormation enter all requested in	information					
		ne of plan							hree-digit
	Dil	ip Thakker MD D	efined Benefit Plan						lan number PN) ► 001
		-						1	ffective date of plan
20			ddress; include room or suite numbe	(cmploy)	ar if for a	cinale	comployer plan)	1	1/01/2004
Za	Pian Dil	n sponsors name and ac Lip M. Thakker Ph	ndress; include room of suite number hysician PC	ar (employe	∄, II I∪≀ a	Sirigic	employer plan;	1	mployer Identification Number EIN) 20-2546910
									Sponsor's telephone number
	10	East 9th Ave							(518) 725-6868
			**** 10070						Business code (see instructions) 521111
		oversville n administrator's name a	NY 12078 and address X Same as Plan Spo	onsor Name	Sam	ne as F	Plan Sponsor Address	3b A	Administrator's EIN
•	1 1	ddininos act. 1	ind delicate that is		· •	-	,		
								3c A	Administrator's telephone number
									•
			·		· · / n o rd	£:1_ al 4	fullipular antortho	4b ⊨	***************************************
4			ne plan sponsor has changed since to the plan sponsor has changed since to the last return/report.	the last reit	ım/repoπ	filea i	or this plan, enter the	40	:IN
а		nsor's name	,					4c P	PN
			s at the beginning of the plan year.					5a	3
b	Tota	al number of participants	s at the end of the plan year				***************************************	5b	0
С			account balances as of the end of t					5c	
			s during the plan year invested in eli						XYes No
b			of the annual examination and report						representations business
-			? (See instructions on waiver eligibil						X Yes No
			ither line 6a or line 6b, the plan ca						
c	If the	e plan is a defined bene	efit plan, is it covered under the PBG	3C insuranc	æ prograr	n (see	ERISA section 4021)?		Yes X No Not determine
Ca	ution	: A penalty for the late	e or incomplete filing of this return	n/report w	ill be ass	essed	l unless reasonable ca	ause is e	established.
Un	ider pr	enalties of perjury and c	other penalties set forth in the instru	ctions, I de	clare that	I have	e examined this return/rens	eport, ind	cluding, if applicable, a Schedule
		chedule MB completed a is true, correct, and con	and signed by an enrolled actuary, amplete.	as wen as u	ne electro	MIC VE	rsion of this returnitepo	n, and it	o the best of my knowledge and
	,	dun		7	131/14	ι	Dilip Thakker,	M.D.	
333453	IGN IERE	Signature of plan adn		Date	1-1	1			g as plan administrator
00000000000000000000000000000000000000		Da 11/1		1.7	131/14	ì.	Dilip Thakker,		3 40 1
PS\$3000000	IGN IERE	2000	The same of the sa	Date	1 '	\			g as employer or plan sponsor
E88888	200200000000000000000000000000000000000	3	name, if applicable) and address; ir			numb	L		rer's telephone number (optional)
' '	.	S hame (moracing	, , , , , , , , , , , , , , , , , , ,	10.00			,		
ļ									

								<u></u> .	
Part			(a) Beginning of Year		Ι		(b) End of	Year	
	lan Assets and Liabilities	7a	2,523,11	2			(11)	-	0
	otal plan assetsotal plan liabilities	7b	2,020,11	0	1				0
	et plan assets (subtract line 7b from line 7a)	7c	2,523,11					,	0
	icome, Expenses, and Transfers for this Plan Year	, 0	(a) Amount				(b) Tot	al	
a c	ontributions received or receivable from:	New Actual Communication	ui nim	^					
_) Employers	8a(1)		0					
	2) Participants	8a(2)		0					
	3) Others (including rollovers)	8a(3) 8b	(16,204						
	ther income (loss)	8c	(10,20	• /				(16,20	41
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums	00						(10,20	4/
	p provide benefits)	8d	2,506,90	8					
e 0	ertain deemed and/or corrective distributions (see instructions)	8e		0					
f A	dministrative service providers (salaries, fees, commissions)	. 8f		0					
g 0	other expenses	. 8g		0					
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,506,9	
<u>i</u> N	et income (loss) (subtract line 8h from line 8c)	. 8i					(2	,523,11	2)
jŢ	ransfers to (from) the plan (see instructions)	. 8j		0					
	t IV Plan Characteristics the plan provides pension benefits, enter the applicable pension f								
b II	the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	eristic					
10	During the plan year:				Yes	No	Α	mount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		***************************************	10b		х			
	Was the plan covered by a fidelity bond?			10c	X			10	0,000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		•••••	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h			1,500		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions and com	plete	Sched	dule S	B (Form	X Yes	□ No
11a	Enter the unpaid minimum required contribution for current year t					11a		,	0
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amorti:	zed in this plan year, see instruc	tions	, and e	enter t Da	he date of th	ne letter ru Year	ling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedul				 -	r	45-4		
b	Enter the minimum required contribution for this plan year		***************************************			12b			

Form 5500-SF 2013 Page	3				

Enter the amount contributed by the employer to the plan for this plan year	***************************************	12c			
		12d			
			Yes	□ No	□ N/A
t VII Plan Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?		X Y	es 🔲	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	<u></u>		0
Were all the plan assets distributed to participants or beneficiaries, transferred to another pl	an, or brought under the c	ontrol		X Yes	□ No
If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	un(s), identify the plan(s) to)			
13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)
t VIII Trust Information (optional)					
Name of trust		14b T	rust's El	N	
	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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? **VII 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?	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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will 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 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) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(1) Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

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

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001 For the plan year 12/31/2013 through 03/31/2014

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V **Summary of Plan Provisions**

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

For the plan year 12/31/2013 through 03/31/2014

Employer: Dilip M. Thakker Physician PC

Type of Entity - S-Corporation

EIN: 20-2546910 TIN: 20-2038187 Plan #: 001 Plan Type: Defined Benefit

Effective - 01/01/2004 Year end - 03/31/2014 Valuation - 12/31/2013 Dates:

Top Heavy Years - 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013

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

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

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

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

> Employee Classification Benefit Formula

10% of average monthly compensation per year of participation A

limited to 10 year(s)

2% of average monthly compensation per year of participation B

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

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

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

IRS Limitations: Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$255,000

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

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

For the plan year 12/31/2013 through 03/31/2014

Vesting Schedule:	Years	Percent
	0.1	∩%

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

Service is calculated using all years of service

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.19
Segment 2	6 - 20	4.53
Segment 3	> 20	5.66

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

For the plan year 12/31/2013 through 03/31/2014

Valuation Date: 12/31/2013

Funding Method: As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

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

Minimum

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.28
Segment 2	6 - 20	4.05
Segment 3	> 20	5.07

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	4.94
Segment 2	6 - 20	6.15
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table - None

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

Post-Retirement - Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 13E - 2013 Applicable Mortality Table for 417(e) (unisex) at 5%

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 - 8.5%

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

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Dilip Thakker MD Defined Benefit Plan 20-2546910 / 001

For the plan year 12/31/2013 through 03/31/2014

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2013

This Form is Open to Public

Pension Benefit Guaranty Corporation				5500.05			mspection
For calendar plan year 2013 or fiscal	File as an attachme plan year beginning 12/31/		1 5500 or :	and ending	n 03.	/31/2014	
▶ Round off amounts to nearest d		2013		and chang	9 03/	31/2014	
	be assessed for late filing of this report	unless reas	sonable ca	use is establishe	d		
A Name of plan	To deceased for late limits of the report	4111000 1040	0110000	B Three-digi			
Dilip Thakker MD Defined B	Benefit Plan			plan numb			001
•					(7	•	
WHAT I A STATE OF THE STATE OF							
C Plan sponsor's name as shown on	line 2a of Form 5500 or 5500-SF			D Employer Ide	entificat	ion Number	(EIN)
Dilip M. Thakker Physician	n PC			20	0-2546	5910	
	10017025 1013188 S C						
E Type of plan: Single Multip	le-A Multiple-B F	Prior year p	lan size:[∑	X 100 or fewer	<u></u> 101-5	00 Mor	e than 500
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day 31	Year_	2013				
2 Assets:							
a Market value					2a		2,523,112
b Actuarial value					2b		2,523,112
3 Funding target/participant count	breakdown:		(1) N	umber of participa	ants	(2)	Funding Target
a For retired participants and be	neficiaries receiving payment	. 3a	<u> </u>		0 '	<u> </u>	0
b For terminated vested participa	ants	. 3b			2		9,388
c For active participants:							
(1) Non-vested benefits		3c(1)					0
(2) Vested benefits	• • • • • • • • • • • • • • • • • • • •	3c(2)					1,933,964
(3) Total active		3c(3)	<u> </u>		1		1,933,964
d Total		3d			3		1,943,352
4 If the plan is in at-risk status, che	eck the box and complete lines (a) and	(b)					
a Funding target disregarding pre	escribed at-risk assumptions			[4a		
b Funding target reflecting at-risk	k assumptions, but disregarding transiti	on rule for	plans that	have been in	4b		
	five consecutive years and disregarding						
		••••••			5		6.15 %
		•••••			6		0
	oplied in this schedule and accompanying schedules In my opinion, each other assumption is reasonable d experience under the plan						
SIGN HERE	Tha			***************************************		07/28/20	14
Constant and Const	Signature of actuary			·		Date	
	sen, M.A.A.A., MSPA					14-02034	
	or print name of actuary			**************************************		ecent enrollm	nent number
Pension Associa	•)3) 356-0	
	Firm name		_	Tel			luding area code)
2001 West Main				Ten	op.ione	mannoer (into	
US Stamford	CT 06902						
	Address of the firm						
If the actuary has not fully reflected any	regulation or ruling promulgated under	r the statute	in comple	eting this schedul	e, checl	k the box and	d see

Page	2	
aye	_	

Pa	rt II Beg	ginning of Year	Carryov	er and Prefunding Bal	ances								
100000000000000000000000000000000000000										refun	ding balanc	e	
7				licable adjustments (line 13 fro		0					237,634		
8				funding requirement (line 35 f				0				0	
9	Amount rema	aining (line 7 minus	line 8)					0			23	7,634	
10	Interest on li	ne 9 using prior year	's actual re	eturn of <u>35.73</u> %				0			8	4,907	
11				ed to prefunding balance:									
	a Present v	alue of excess contr	ibutions (lir	ne 38a from prior year)						0			
				e interest rate of5,57% e						0			
		,	,	an year to add to prefunding b								0	
	_		•	balance								0	
12				ns or deemed elections				0				0	
13	Balance at b	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12).				0		***************************************	32	2,541	
Pa	rt III F	unding Percent	ages			 			·				
100000000000000000000000000000000000000	(100.00.00.00.00.00						*****************			14	113	.23 %	
		······		age						15		83 %	
	Prior year's f	unding percentage f	or purpose	s of determining whether carry	over/pref	unding bala	nces may be used t	o red	uce	16		.22 %	
17				is less than 70 percent of the	·····		***************************************			17		%	
distributações		ontributions an									<u> </u>	·····	
esternium (),	yanaanaa se saasa			year by employer(s) and empl	ovees:								
	(a) Date	(b) Amount p		(c) Amount paid by	(a	a) Date	(b) Amount p		у	(c) Am	ount paid b	——— y	
(MI	M-DD-YYYY)	employer((s)	employees	(MM-E	D-YYYY)	employer	(s)		em	ployees		
				<u> </u>								····	
					ļ								
										,			
A - C. T. C. C. C. C.					T.4.1.	10(5)			40(-)				
	Totals \triangleright 18(b) 0 18(c) 0												
19	19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:												
	a Contributions allocated toward unpaid minimum required contributions from prior years												
	b Contributions made to avoid restrictions adjusted to valuation date												
				required contribution for currer	nt year ac	djusted to va	aluation date	19c				0	
20	-	ntributions and liquid	-							-			
				the prior year?						····· [-	Yes X	_	
	b If line 20a	is "Yes," were requi	red quarter	ly installments for the current	year mad	le in a timel	y manner?	••••	· · · · · · · · · · · · · · · · · · ·	[Yes	J No	
	c If line 20a	is "Yes," see instruc	tions and o	complete the following table as									
	/4\	1 ct	<u> </u>	Liquidity shortfall as of end (2) 2nd	of quarte	er of this pla (3)	n year 3rd	<u> </u>		(4)	Ith		
	(1)	1st		(2) 2nd		(3)	JI U			(*) 	ru I		
			1										

Pa	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost			
21	Discount rate:						
	a Segment rates: 1st segment: 2nd segment: 3rd segment: 4.94 % 6.15 % 6.76 %		, o	N/A, full yield curve used			
	b Applicable month	(enter code)			21b	0	
22					22	62	
23	Mortality table(s) (see	e instructions) X P	rescribed - combined Pre	scribed - separate	Substitu	te	
Pa	rt VI Miscellane	eous items		44.404.404.404.404.404.404.404.404.404.		**************************************	
111111111111111111111111111111111111111	1118862411502041115	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes." see	instruction	ns regarding required	
	_		·	•			
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required atta	chment .	Yes X No	
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachmei	nt Yes 🕱 No	
27	' '		ter applicable code and see instru	• •	27		
Pa	rt VII Reconcilia	ation of Unpaid Minim	ım Required Contribution	s For Prior Years			
28	Unpaid minimum req	uired contributions for all prior	years	,	28	0	
29	Discounted employer	r contributions allocated towar	d unpaid minimum required contrib	outions from prior years	29	0	
30	Remaining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0	
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost a	nd excess assets (see instruc	tions):				
	a Target normal cost	(line 6)			31a	0	
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	0	
32	Amortization installm	ents:		Outstanding Bala	ınce	Installment	
	a Net shortfall amorti	zation installment			0	0	
	b Waiver amortization	n installment			0	0	
33			nter the date of the ruling letter gra) and the waived amount.		33	0	
34	Total funding requiren	nent before reflecting carryove	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0	
		·	Carryover balance	Prefunding Bala	nce	Total balance	
35	Balances elected for requirement	use to offset funding	0		0	0	
36	Additional cash requi	rement (line 34 minus line 35)			36	0	
37		•	ontribution for current year adjuste	1	37	0	
38	Present value of exce	ess contributions for current ye	ear (see instructions)				
	a Total (excess, if any	y, of line 37 over line 36)			38a	0	
	b Portion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	38b	0	
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	0	
40	Unpaid minimum requ	uired contributions for all year	3		40		
Par	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)						
41	If an election was mad	le to use PRA 2010 funding re	lief for this plan:				
	a Schedule elected.				[2 plus 7 years 15 years	
	b Eligible plan year(s) for which the election in line	41a was made		. 200	8 2009 2010 2011	
42	Amount of acceleration	n adjustment			42	- Vistoria de la companya del companya de la companya del companya de la companya	
43	Excess installment acc	celeration amount to be carrie	d over to future plan years		43		
					-		