Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pen	ion Benefit Guaranty Corporation	➤ Complete all entries in acc	ordance with the instr	uctions to the Form 550	0-SF	Inspection			
Par	I Annual Repor	t Identification Information	ordance with the mist	detions to the Form 550	0-01.				
		fiscal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013			
_	s return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan			
B Th	s return/report is:	the first return/report	the final return/repo	rt					
		an amended return/report	a short plan year reti	urn/report (less than 12 m	onths)				
C Ch	eck box if filing under:	X Form 5558	automatic extension	ı		DFVC program			
		special extension (enter descri	ption)						
Part	II Basic Plan Info	ormation—enter all requested info	rmation						
	ame of plan				1b	Three-digit			
BABU S	. BANGARU PENSION P	LAN				plan number (PN) ▶ 002			
					10	Effective date of plan			
						01/01/2003			
	an sponsor's name and a	ddress; include room or suite numbe	r (employer, if for a singl	e-employer plan)	2b Employer Identification Num (EIN) 13-3355383				
					2c	Sponsor's telephone number			
175 PE	ACH DRIVE					516-484-0279			
EAST F	IILLS, NY 11576				2d	Business code (see instructions) 621111			
3a ₽	an administrator's name a	and address XSame as Plan Sponso	or Name Same as Pl	an Sponsor Address	3b	Administrator's EIN			
			Ь						
					3с	Administrator's telephone number			
4 If	the name and/or EIN of the	ne plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b	EIN			
		umber from the last return/report.							
	oonsor's name				4c	PN			
5a ⊺	otal number of participant	s at the beginning of the plan year			5a	2			
		s at the end of the plan year			5b	2			
		account balances as of the end of the		•	5c				
6a \	Vere all of the plan's asse	ts during the plan year invested in eli	igible assets? (See instr	uctions.)		X Yes No			
		of the annual examination and report			PA)	X Yes □ No			
		6? (See instructions on waiver eligibil either line 6a or line 6b, the plan ca			Form				
	•	efit plan, is it covered under the PBG			_				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
		or incomplete filing of this return							
SB or		other penalties set forth in the instruct and signed by an enrolled actuary, as aplete.							
SIGN	Filed with authorized	d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sig	ning as plan administrator			
SIGN	J was a g					. J			
HERE	Signature of omni	aver/plan ananar	Data	Finter manner of inchinid	ماماما				
		oyer/plan sponsor name, if applicable) and address; inc	Date Date room or suite number			ning as employer or plan sponsor arer's telephone number (optional)			
сра	s. s name (moldanig illiii	, ii appiioabio, and addioos, inc		os. (optional)	ορ	a.s. s totophone number (optional)			

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca
a		7a	(a) Beginning of Yea		+		(b) End of Year 1710680
<u>a</u>	Total plan assets Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	143096				1710680
8	, , ,	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)	25000	0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	2971	7			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					279717
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		0			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					279717
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:
Par	V Compliance Questions						T
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ	
				10c		Χ	
	Did the plan have a loss, whether or not reimbursed by the plan's			100		V	
	or dishonesty?	-	= -	10d		Χ	
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		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Χ	
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				
	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,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and ϵ	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk					1	
	Enter the minimum required contribution for this plan year	•	· •			12b	

Page	3	- [1
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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?	. 🔲 Y	'es 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):	3c(2) El	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

Pension Benefit Guaranty Corporation

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

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

				File as	an attachme	nt to Form	5500 or	5500-SF.					
Fo	or calendar	plan year 2013	3 or fiscal plan y	ear beginning (01/01/2013			and en	ding 12	2/31/20	13		
)	Round of	ff amounts to	nearest dollar.										
)	Caution:	A penalty of \$	1,000 will be ass	sessed for late filing	of this report u	ınless reas	onable ca	use is establis	hed.			T	
	Name of p ABU S. BAN	lan NGARU PENS	ION PLAN					B Three-c	ligit mber (PN	1)	•	002	
С	Plan spons	sor's name as	shown on line 2	a of Form 5500 or 5	500-SF			D Employe	r Identific	ation N	lumber ((EIN)	
BA	ABU S. BAN	NGARU, MD P	С						13-33	55383			
E	Type of pla	n: X Single	Multiple-A	Multiple-B	FF	Prior year pla	an size: 🔀	100 or fewer	101	-500	More t	than 500	
P	Part I	Basic Inform	mation										
1	Enter th	e valuation dat	te: I	Month01	Day01	Year _	2013	_					
2	Assets:				-								
	a Marke	et value							2a				1421955
	b Actua	rial value							2b				1421955
3	Funding	target/particip	ant count break	down:			(1) N	umber of parti	cipants		(2)	Funding Targe	et
	a For re	etired participar	nts and beneficia	aries receiving paym	ent	3a				0			C
	b For te	erminated veste	ed participants			3b				0			C
	C For a	ctive participan	nts:		'								
	(1)	Non-vested	benefits			3c(1)							1600
	(2)	Vested bene	efits			3c(2)							1172759
	(3)	Total active.				3c(3)				2			1174359
	d Total					3d				2			1174359
4	If the pla	an is in at-risk	status, check the	e box and complete	lines (a) and (I	b)							
	a Fundi	ng target disre	garding prescrib	ed at-risk assumption	ons			<u> </u>	4a				
				umptions, but disregations					4b				
5													6.76 %
6	Target r	normal cost							6				1830
Sta	To the best of accordance v	with applicable law a	e information supplied and regulations. In my	d in this schedule and acco y opinion, each other assun perience under the plan.									
	SIGN HERE										10/13/2	2014	
			Signa	ture of actuary							Date		
DA	VID PAVE	L	2.3	,							14-026	889	
			Type or pr	int name of actuary					Mos	recent		ent number	
AP	PS PENSION & FINANCIAL SERVICES									28-8444			
				irm name					Telephon	e numb		uding area cod	e)
		BURY RD, STE ', NY 11797							. отортто	o	(aung area eea	- ,
			Add	ress of the firm				_					
	ne actuary h	nas not fully ref	flected any regul	ation or ruling promu	ulgated under	the statute	in comple	eting this sched	dule, che	ck the b	ox and	see	

Page 2	2 -
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Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding E	Balances						
							(a)	Carryover balance	е	(b) I	Prefundi	ng balance
7		0	0 ,		cable adjustments (line 13	•			0			0
8					unding requirement (line 3							
			•	-					0			0
9	Amount	remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	actual ret	turn of%				0			0
11	Prior ye	ar's exce	ess contributions to	o be added	d to prefunding balance:							
	a Prese	nt value	of excess contribu	utions (line	38a from prior year)							177634
					interest rate of							13358
	C Total a	available	at beginning of cur	rent plan ye	ear to add to prefunding bala	ince						190992
	d Portion	on of (c)	to be added to pre	funding ba	alance							190992
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			190992
13	Balance	at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 1	2)			0			0
P	art III	Fun	ding Percenta	ages								
14	Funding	target a	ttainment percent	age							14	121.08 %
15	Adjusted	d funding	g target attainment	t percentaç	ge						15	121.08 %
16					of determining whether ca						16	105.98 %
17	If the cu	rrent val	ue of the assets o	f the plan i	is less than 70 percent of the	ne funding t	arget, enter	such percentage.			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contribu				rear by employer(s) and em	nployees:						
	(a) Date	е	(b) Amount pa employer(aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount p		(0		nt paid by oyees
	/12/2014		employer	250000	employees	<u> </u>	D-1111)	епрюуе	(3)		Cilipi	oyees
03	/12/2014			230000	U	'						
								+				
				ļ		Totals	► 18(b))	250000	18(c)		0
19	Discoun	ted emp	lover contributions	s – see ins	tructions for small plan with	n a valuatio	n date after	the beginning of th	ne vear:			
			-		imum required contribution				. 19a			0
	_			•	djusted to valuation date	•	•		. 19b			0
					uired contribution for current				. 19c			223750
20			outions and liquidit			, ,						
		-	•	•	the prior year?							Yes X No
			_		y installments for the curre						<u> </u>	Yes No
			·		omplete the following table	•	•	,				<u>, ⊔</u>
			23, 223	00	Liquidity shortfall as of			lan year				
		(1) 19	st		(2) 2nd		(3)	* .			(4) 4th	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou			<u> </u>						
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %		□ N/A	, full yield	d curve	e used
	b App	licable month (enter code)			21b				1
22	Weight	ted average ret	tirement age			22				63
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pres	scribed - separate	Substitu	ıte			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current	•		_		d Yes	× No
25	Has a	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	attachmen	t		Yes	X No
27		•	o alternative funding rules, ent	er 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	l minimum requ	uired contributions for all prior	years		28				0
29				l 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	Target	normal cost a	nd excess assets (see instruct	ions):						
	a Targe	et normal cost	(line 6)			31a				1830
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				1830
32	Amorti	zation installme	ents:		Outstanding Bala	ance		Installn	nent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Wai	ver amortization	n installment			0				0
33	If a wa (Month			ter the date of the ruling letter grar) and the waived amount		33				0
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding bala	nce		Total ba	lance	
35			use to offset funding	0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0
37				ontribution for current year adjuste		37				223750
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)						
	a Total	l (excess, if any	y, of line 37 over line 36)			38a				223750
	b Porti	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	ine 37)	39				0
40	Unpaid	l minimum requ	uired contributions for all years			40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))				
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected				<u> </u>	2 plus 7	/ears	15	years
	b Eligil	ble plan year(s) for which the election in line	41a was made		200	08 200	9 2010	0	2011
42	Amoun	t of acceleratio	n adjustment			42				
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		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 01/01/2013 through 12/31/2013

Valuation Date: 01/01/2013

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	1.66
Segment 2	6 - 20	4.47
Segment 3	> 20	5.52

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

or

13E - 2013 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

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

October 13, 2014

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

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

For the plan year 01/01/2013 through 12/31/2013

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

Department of the ((cases) This form is required to be filed under sections 104 and 4065 of the Employee Internal Rovenue Service Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of This Form is Open to Public Department of Lebor the Internal Revenue Code (the Code). Inspection e Benefits Security Administration Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation Part | Annual Report Identification Information 12/31/2013 01/01/2013 and ending For calendar plan year 2013 or fiscal plan year beginning a multiple-employer plan (not multiemployer) a one-participant plan a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under. special extension (enter description) Basic Plan Information - enter all requested information 1b Three-digit 1a Name of plan plan number (PN) > BABU S BANGARU PENSION PLAN 1c Effective date of plan 01/01/2003 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 13-3355383 BABU S. BANGARU, MD PC 2c Sponsor's felephone number (516) 484-0279 2d Business code (see instructions) 175 PEACH DRIVE 621111 NY 11576 US EAST HILLS 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4C PN Total number of participants at the beginning of the plan year 5a 2 5b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) X Yes No 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) X Yes No under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete. BABU BANGARU, MD SIGN Enter name of individual signing as plan administrator Date Signature of plan administrator HERE Enter name of individual signing as employer or plan sponsor

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Form 5500-SF (2013).

Preparer's telephone number (optional)

v.130118

HERE Signature of employer/plan sponsor

SIGN

Pa	ert III Financial Information	21-35	(a) Reginning of Vest		Т		(b) End of	Vear
-	Plan Assets and Liabilities	7.0	(a) Beginning of Year					1,710,680
a b	Total plan liabilities	7a 7b	1,430,9	0	+			0
	Net plan assets (subtract line 7b from line 7a)	7c	1,430,9		1			1,710,680
-	Income, Expenses, and Transfers for this Plan Year	- 7C	(a) Amount				(b) Tot	
	Contributions received or receivable from:				11000	0.5kg		
_	(1) Employers	8a(1)	250,0		ENTE		(CXCCV)	
	(2) Participants	8a(2)		0	4854			
	(3) Others (including rollovers)	8a(3)	00.7	0	(Sept.)	921		
	Other income (loss)	8b	29,7	28/8-03 T.A			Mean and	000 040
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Sellie.	E COUNTY	DEPENDEN	ALECCOPED PLAN	279,717
	to provide benefits)	8d		0			0 11 113 11	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				1918/2012
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0	0.57			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		214				0
i	Net income (loss) (subtract line 8h from line 8c)	8i		SAG				279,717
j	Transfers to (from) the plan (see instructions)	8 <u>j</u>		0	200	1	50000	That & The E
Pa	rt IV Plan Characteristics							
b	If the plan provides pension benefits, enter the applicable pension for the land of the land of the plan provides welfare benefits, enter the applicable welfare feature.							
Pa	rt V Compliance Questions					_		
10	During the plan year:				Yes	No	A	mount
a 	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
С				10c		Х		
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 oth 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 plan	1?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х		
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 exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Pai	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X Yes No
11:	Enter the unpaid minimum required contribution for current year fr				-	11a	1000	0
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes X No
		- Interior	N. Var.					
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 ranting the waiver	ng amortiz	ed in this plan year, see instruc		and e	nter th Dav		e letter ruling Year
I.E	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
				WILLIAM TO THE PARTY OF THE PAR		12b		
<u>d</u>	Enter the minimum required contribution for this plan year		***************************************	********		120		

	rt VIII Trust Information (optional) Name of trust				14b Trust's EIN			
1	13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	1						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		I		Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
13a			☐ Ye	s X No				
Part	Section 1							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		🔲	Yes	No N/A			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le		12d					
С	Enter the amount contributed by the employer to the plan for this plan year		12c					
_	Form 5500-SF 2013 Page 3-		120					

October 13, 2014

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 01/01/2013 through 12/31/2013

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

SCHEDULE SB (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).

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an	attachmen	nt to Form	5500 or 5500-SF.			
For calendar plan year 2013 or fiscal plan year beginning	01/01/	2013	and ending	12/	31/201	.3
▶ Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be assessed for late filing of t	his report u	nless reaso	onable cause is established			
A Name of plan			B Three-digit			
BABU S. BANGARU PENSION PLAN			plan numbe	er (PN)	•	002
C Discourse and a series of the control of the cont) CE		D Employer Ide	ntification	an Numb	er (FIN)
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500	J-3F					CI (LIIV)
BABU S. BANGARU, MD PC			13	-3355	383	
E Type of plan: Single Multiple-A Multiple-B	FP	rior vear nl	an size: X 100 or fewer	1101-50	0	Nore than 500
		nor your pr	ari 6126.[22] 100 01 101101			
Part I Basic Information	1879					
1 Enter the valuation date: Month 01 Da	ay01	Year_	2013_		Tall Parkets Co.	
2 Assets:			Ľ	_		1,421,955
a Market value			-	2a 2b		
b Actuarial value				-		1,421,955
3 Funding target/participant count breakdown:	r		(1) Number of participa			(2) Funding Target
a For retired participants and beneficiaries receiving payment	t	3a		0		C
b For terminated vested participants		3b		0	J. 100	C
c For active participants:	î				1001	
(1) Non-vested benefits	1	3c(1)		nonii il		1,600
(2) Vested benefits			Panada a kampi kabata	元(188)		1,172,759
(3) Total active	1			2		1,174,359
d Total		3d		2		1,174,359
4 If the plan is in at-risk status, check the box and complete line	es (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions				4a		
b Funding target reflecting at-risk assumptions, but disregard	lans that have been in	4b				
at-risk status for fewer than five consecutive years and o						C 76 0
5 Effective interest rate		5		6.76 %		
6 Target normal cost		6		1,830		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompany	vina schedules	statements an	d attachments if any is complete a	nd accurat	- Each ore	sribed assumption was applied in
accordance with applicable law and regulations. In my opinion, each other assumption	is reasonable (taking into acc	ount the experience of the plan and	reasonabl	e expectation	ons) and such other assumptions, in
combination, offer my best estimate of anticipated experience under the plan						
SIGN HERE					10/13/	2014
Signature of actuary					Da 14-026	
DAVID PAVEL						
Type or print name of actuary		Most recent enrollment number (516) 228-8444				
APS PENSION & FINANCIAL SERVICES						
Firm name			Tele	phone	number ((including area code)
1000 WOODBURY RD, STE 310						
US WOODBURY NY 11797						
Address of the firm			1			
If the actuary has not fully reflected any regulation or ruling promulg	nated under	the statute	in completing this schedule	e, check	the box	and see
instructions	Juliou unidoi	o otatate		_,		

Page 2

Schedule SB (Form 5500) 2013

Pai	rt II Be	ginning of Year	Carryove	er and Prefunding Bal	ances						
		3g 0, , out	,			(a) (Carryover balance		(b) F	refundi	ng balance
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)						0				
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)						0				
9	Amount rem	naining (line 7 minus l	ine 8)					0			0
10	Interest on I	line 9 using prior year	s actual ret	urn of0.00%				0			0
11	Prior year's	excess contributions	to be addec	I to prefunding balance:					NE HOLD	3/8/18	
	a Present	value of excess contri	butions (line	e 38a from prior year)			177,634				
				interest rate of7_52% o						13,358	
	C Total ava	ailable at beginning of	current pla	n year to add to prefunding b	alance	190,99					
	d Portion o	of (c) to be added to p	refunding ba	alance		190,99					190,992
12	Other reduc	tions in balances due	to elections	s or deemed elections				0			190,992
13	Balance at b	beginning of current y	ear (line 9 +	line 10 + line 11d - line 12)				0			0
Pa	rt III F	unding Percent	ages								
14	Funding targ	get attainment percen	tage							14	121.08 %
15	Adjusted fur	nding target attainmer	nt percentag	je						15	121.08 %
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	105.98 %		
17	If the curren	nt value of the assets	of the plan i	s less than 70 percent of the	funding ta	ırget, enter	such percentage			17	%
Pa	rt IV	Contributions an	d Liquid	ity Shortfalls							
18	Contribution	ns made to the plan fo	r the plan y	ear by employer(s) and emp	loyees:						
_	(a) Date (b) Amount paid by (c) Amount paid by employer(s) employees									unt paid by oyees	
09/	12/2014	2	50,000								
					-						
	1/3 ₁ - 1/1 ₁ - 1/1 ₁		-		Totals	▶ 18(b)			19/0	1	
40	a line								18(c)		0
19		, ,		tructions for small plan with							
				imum required contributions				19a			0
	-			djusted to valuation date				19b			0
				equired contribution for curre	nt year ad	justed to va	aluation date	19c	A COLUMN	SS 30	223,750
20	•	ontributions and liquidi	•					,			T Van Gelati
	•			he prior year? / installments for the current							Yes X No
	C If line 20a	a is "Yes," see instruc	tions and co	omplete the following table a	s applicabl	e:				S CONTR	
				Liquidity shortfall as of end		of this pla	n year				
	(1) 1st		(2) 2nd		(3)	3rd	-		(4) 4t	<u>h</u>
		()			1			1			

Pa	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost					
21	21 Discount rate:								
	a Segment rates:	1st segment: 2nd segment; 3rd segment: 4.94 % 6.15 % 6.76 %				N/A, full yield curve used			
	b Applicable month		21b	1					
22	Weighted average re	etirement age	**********		22	63			
23	Mortality table(s) (se	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI Miscellane	eous items							
	attachment		tuarial assumptions for the curren			Yes ☒ No			
			an year? If "Yes," see instructions						
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachmer	nt Yes X No			
27			ter applicable code and see instru		27				
Pa	rt VII Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years		<u> </u>			
28	Unpaid minimum rec	uired contributions for all prior	years		28	0			
29	5.000 Section 5.0		d unpaid minimum required contri		29	0			
30			ntributions (line 28 minus line 29)		30	0			
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost a	and excess assets (see instruct	ions):						
	a Target normal cos	31a	1,830						
			line 31a		31b	1,830			
32	32 Amortization installments: Outstanding Balance Installment								
a Net shortfall amortization installment						0			
	b Waiver amortization installment 0								
33	If a waiver has been (Month		iter the date of the ruling letter gra		33	0			
34	Total funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0			
			Carryover balance	Prefunding Bala	ince	Total balance			
35	Balances elected for	use to offset funding	0		0	0			
36	•	Internative is in the second of the in-		A SHEETING SECTION	36	0			
36 Additional cash requirement (line 34 minus line 35)					37	223,750			
20	38 Present value of excess contributions for current year (see instructions)								
- 30				With imposite transfer and a second	38a	223,750			
-		38b	0						
b Fortion included in line 350 attributable to 450 of prefunding and tunding standard conference						0			
 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) Unpaid minimum required contributions for all years 									
_			Pension Relief Act of 2010						
41	If an election was ma	de to use PRA 2010 funding re	elief for this plan:						
	a Schedule elected .			* * * * * * * * * * * * * * * * * * * *	[2 plus 7 years 15 years			
	b Eligible plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011			
42	42 Amount of acceleration adjustment								
43	Excess installment ac	cceleration amount to be carrie	d 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 01/01/2013 through 12/31/2013

Employer: BABU S. BANGARU MD PC

Type of Entity - Professional Service Corporation

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

Dates: Effective - 01/01/2003 Year end - 12/31/2013 Valuation - 01/01/2013

Top Heavy Years - 2003, 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 - 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

01/01/1997 beginning year 1 limited to 15 year(s)

Accrued Benefit - Unit credit based on service. Service prior to 01/01/1997 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: \$205,000

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

Vesting Schedule:YearsPercent0-10%

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 01/01/2013 through 12/31/2013

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	0.96
Segment 2	6 - 20	3.57
Segment 3	> 20	4.58

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 - I83M - 1983 Individual Annuity (male)

Schedule SB, line 19 - Discounted Employer Contributions

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

For the plan year 01/01/2013 through 12/31/2013 Valuation Date: 01/01/2013

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	09/12/2014 01/01/2013	\$250,000 250,000	223,750	0	0	6.76	0
Totals for Deposited Contribution		\$250,000	\$223,750	\$0	\$0		