### 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

		Complete all entries in accordant	nce with the instruc	tions to the Form 550	10-5F.		
Part I	Annual Report	Identification Information					
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
<b>A</b> This	return/report is for:	a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This	return/report is:	the first return/report th	e final return/report				
		an amended return/report as	short plan year returr	/report (less than 12 m	onths	)	
<b>C</b> Chec	ck box if filing under:	X Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description)				_	
Part II	Basic Plan Info	rmation—enter all requested information	on				
1a Nam	ne of plan	·			1b	Three-digit	
SADASHI	V S. SHENOY, M.D., PLI	LC DEFINED BENEFIT PENSION PLAN				plan number	004
					10	(PN)	001
					10	Effective date of	
		dress; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif	
SADASHI	IV S. SHENOY, M.D., PL	LC				(EIN) 26-47	11666
					2c	Sponsor's telep	
	NSTONE COURT RST, NY 14051				2d	Business code (	
	,				24	62121	
<b>3a</b> Plar	n administrator's name ar	nd address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							·
<b>4</b> If th	as name and/or FIN of the	n Non ananor has shanged since the less	t ratura/rapart filed fa	r this plan anter the	46	- FINI	
		e plan sponsor has changed since the last mber from the last return/report.	return/report filed to	i this plan, enter the	40	EIN	
	nsor's name	•			4c	PN	
<b>5a</b> Tota	al number of participants	at the beginning of the plan year			5a		5
<b>b</b> Tota	al number of participants	at the end of the plan year			5b		5
		account balances as of the end of the plan	•	•	5c		
6a We	ere all of the plan's assets	s during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
<b>b</b> Are	e you claiming a waiver of	f the annual examination and report of an	independent qualifie	d public accountant (IC	PA)		
		? (See instructions on waiver eligibility and					X Yes   No
		ither line 6a or line 6b, the plan cannot			_		1
C If th	e plan is a defined benef	fit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes X No	Not determined
Caution	: A penalty for the late	or incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	use is	established.	
		her penalties set forth in the instructions, I					
	chedule MB completed ar is true, correct, and comp	nd signed by an enrolled actuary, as well a plete.	as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
	File disside essale estre di	valid electronic signature.	40/45/0044	0.5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			
		Valid electronic signature	10/15/2014	SADASHIV S. SHENO	ΣY		
SIGN HERE							
SIGN HERE	Signature of plan a		Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
HERE			Date	Enter name of individ	lual siç	gning as plan adn	ninistrator
SIGN HERE	Signature of plan a	odministrator oyer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	r or plan sponsor
SIGN HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual siç	gning as employe	
SIGN HERE	Signature of plan a	odministrator oyer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	r or plan sponsor
SIGN HERE	Signature of plan a	odministrator oyer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	r or plan sponsor
SIGN HERE	Signature of plan a	odministrator oyer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	r or plan sponsor

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Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	·r	T		(b) End of Year
	Total plan assets	7a	(a) Beginning of Tea				1285738
<u>a</u>	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	102682				1285738
	Income, Expenses, and Transfers for this Plan Year	70			-		
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	28313	4			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	505	3			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					288187
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2927	4			
е	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					29274
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					258913
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 3B 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	des in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribute 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		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		500000
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused by fraud	10d		X	300000
	Were any fees or commissions paid to any brokers, agents, or oth			100			
Ŭ	insurance service, or other organization that provides some or all				Χ		
	instructions.)			10e			8350
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
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 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)	•					·
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		,				ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, or 50	CHOII .	JUZ UI	LINOA:   100 A NO
а	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 instru		and e	enter th	I ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Бау	I Cal
	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 control of the PBGC?						
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)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	<b>14b</b> 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).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For	calendar plan year 2013 or fiscal plan year beginning 01/01/2013			and endin	g 12/31/2	2013		
<b>▶</b> F	Round off amounts to nearest dollar.							
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable ca	use is established	d.			
	lame of plan			<b>B</b> Three-digit	t		001	
SAD	DASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN		ļ	plan numb	er (PN)	<b>&gt;</b>		
<b>C</b> P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			<b>D</b> Employer Id	lentification	Number (E	EIN)	
	DASHIV S. SHENOY, M.D., PLLC			1 -7 -	26-471166	,	,	
					20 47 1100			
Ет	Type of plan: X Single Multiple-A Multiple-B	Prior year pla	an size: X	100 or fewer	101-500	More th	an 500	
	art I Basic Information		<u> </u>	<u> </u>				
<u>га</u> 1		Year	2013					
2	Enter the valuation date: Month 12 Day 31  Assets:	1 eai _	2013	_				
_	a Market value				2a			1002604
	<b>b</b> Actuarial value				2b			1002604
3	Funding target/participant count breakdown:		I	umber of participa		(2) =	unding Targe	
3	a For retired participants and beneficiaries receiving payment	3a	(1) 140	umber of participa	0	(2)	unuing range	<u>در</u>
	<b>b</b> For terminated vested participants				0			
	C For active participants:	00			U			
	(1) Non-vested benefits	3c(1)	_					
	(2) Vested benefits	- · · ·	_					946388
	(3) Total active				5			946388
	d Total				5			946388
4	If the plan is in at-risk status, check the box and complete lines (a) and			П	J			340300
7	<b>a</b> Funding target disregarding prescribed at-risk assumptions				4a			
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transiti							
	at-risk status for fewer than five consecutive years and disregarding				4b			
5	Effective interest rate				5			6.62 %
6	Target normal cost				6			114120
State	ement by Enrolled Actuary							
	Fo the best of my knowledge, the information supplied in this schedule and accompanying schedu accordance with applicable law and regulations. In my opinion, each other assumption is reasonat							
	combination, offer my best estimate of anticipated experience under the plan.	(						
S	IGN							
HI	ERE					09/17/20	)14	
	Signature of actuary					Date		
STER	PHEN R. PARKS, MSPA					14-0457	77	
	Type or print name of actuary			_	Most rece	ent enrollme	nt number	
RETI	IREMENT SYSTEMS OF CALIF., INC.							
	Firm name			Tel	ephone nur	mber (includ	ding area cod	le)
	21 VENTURA BLVD., SUITE 300 ODLAND HILLS, CA 91364							
****	052.115 THEES, 071 0 100 T							
	Address of the firm			_				
16.43					1			
	actuary has not fully reflected any regulation or ruling promulgated under actions	r the statute	in comple	eting this schedule	e, check the	e box and s	ee	Ш

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Schedule SB (Form 5500) 2013

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances						
							(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		•			cable adjustments (line 13 fr				0			93534
8				-	unding requirement (line 35				0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			93534
10	Interest	t on line 9	using prior year's	s actual ret	urn of1.19 %				0			1113
11	1 Prior year's excess contributions to be added to prefunding balance:											
	a Present value of excess contributions (line 38a from prior year)									59668		
					interest rate of7.34 %							4380
	<b>C</b> Total	available	at beginning of cur	rent plan ye	ear to add to prefunding baland	œ						64048
	<b>d</b> Porti	on of (c)	to be added to pre	efunding ba	alance							64048
12	Other re	eductions	s in balances due	to elections	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			158695
P	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	88.06 %
15	Adjuste	ed funding	g target attainmen	t percentaç	ge						15	120.58 %
16	<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	93.06 %		
17	If the cu	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	funding tar	get, enter s	such percentage			17	%
P	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:						
(N	(a) Dat 1M-DD-Y		<b>(b)</b> Amount p employer(		(c) Amount paid by employees	<b>(a)</b> D (MM-DD		<b>(b)</b> Amount pa employer(s		(0		int paid by oyees
05	5/20/2014	4		283134								
							145(1)			404 >	1	
						Totals ►	18(b)		283134	18(c)		0
19		•	•		tructions for small plan with a							
	_				imum required contributions			F	19a			0
	b Contributions made to avoid restrictions adjusted to valuation date							0				
20					uired contribution for current ye	ear adjusted	to valuation	date	19c			272535
20		-	outions and liquidit nave a "funding sh	-	s: :he prior year?				L		<mark>&gt;</mark>	Yes No
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterly	y installments for the current	year made	in a timely	manner?			<u> </u>	Yes X No
					omplete the following table as	-	-					<u> </u>
					Liquidity shortfall as of er			n year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4tl	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Segr	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	<b>b</b> Appli	icable month (	enter code)			21b				2
22	Weight	ed average ret	tirement age			. 22				69
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	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 pla	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27	If the pl	lan is subject to	o alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27				
	attachn					21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	minimum requ	uired contributions for all prior	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			nd excess assets (see instruct							
			*	······		. 31a				114120
	_		· · · · · ·	line 31a		. 31b				0
32		zation installme	<u> </u>		Outstanding Bala	ance	Installment			
	<b>a</b> Net s	hortfall amortiz	zation installment		-	11434	3068			
	<b>b</b> Waiv	er amortization	n installment			0				
33	If a wai			ter the date of the ruling letter gran		33				
34	Total fu	ınding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34	117188			
-		<u> </u>	<u> </u>	Carryover balance	Prefunding bala	ince	To	tal bala	ance	
35	Balance	es elected for i	use to offset funding	·						
				(		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				117188
37	Contrib (line 19	utions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				272535
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)						
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				155347
	<b>b</b> Portion	on included in	line 38a attributable to use of	orefunding and funding standard o	arryover balances	38b				0
39				ear (excess, if any, of line 36 over		39				0
40	Unpaid	minimum requ	uired contributions for all years			40				0
Pa	t IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)				
41	If an ele		de to use PRA 2010 funding re							
	<b>a</b> Sche	dule elected					2 plus 7 yea	rs	15 y	years
	<b>b</b> Eligib	ole plan vear(s	) for which the election in line	41a was made				2010	_	2011
42			,			42	<u> </u>		<u> </u>	
				d over to future plan years		1				

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2013

# SCHEDULE SB, LINE 22 –DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

## SCHEDULE SB, LINE 23 – MORTALITY FOR PPA FUNDING

The attached Statement of Actuarial Assumptions and Method incorrectly indicates that the Post-Retirement Mortality for PPA Funding is the Current-Year Applicable Mortality (unisex rates). In fact, the mortality table for this purpose is the Current-Year Optional Combined Mortality (sex-distinct rates) from IRS Notice 2008-85.

Shortfall Amortization
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 12/31/2013

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<u>Installment</u>	<u>Installments</u>
12/31/2010	7-year	4	\$3,068	\$11,434
12/31/2011	·		\$0	\$0
12/31/2012			\$0	\$0
12/31/2013			<u>\$0</u>	<u>\$0</u>
Total			\$3,068	\$11,434

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

		<u>For Fu</u> Min	inding Max	<u>For 417(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1	4.94%	1.35%	Seg 1 0.97%	Pre-Retirement 5.00%		
	Seg 2	6.15%	4.05%	Seg 2 3.50%	Post-Retirement 5.00%		
	Seg 3	6.76%	5.05%	Seg 3 4.60%			
Pre-Retirement							
Turnover	None			None	None		
Mortality	None			None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Future Salary Incr	4% sal year	ary incre	ease per	None	None		
Future Insurance	be carr		sumed to e current ement		Not applicable		
Post-Retirement					•		
Mortality	Mortal	applicablity Table al 2006-	e from	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67		
Assumed Benefit Form l	For Fun	ding		Lump Sum			
Calculated Effective Inte	Calculated Effective Interest Rate			6.62%			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

Eligibility

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

1 year of service Minimum age 21

Union employees & non-resident aliens and all excluded except...

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 65 Completion of 5 years of participation from beginning of entry year

**Normal Retirement Benefit** 

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Group 1: 4.5% per Year of Participation up to 10

Group 2: 4.0% per Year of Participation up to 10

Group 3: 2.0% per Year of Participation up to 10

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

**Termination Benefit** 

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years

Vested Percent 0

1

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Credited Years	Vested Percent
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

#### **Top-Heavy Minimum Benefit**

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

#### **Top-Heavy Normal Form**

A benefit payable for the life of the participant

#### **Top-Heavy Status**

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

#### **Death Benefit**

Proceeds of any insurance policies on the life of the participant plus the actuarial reserves under a typical Individual Level Premium method less the cash value of such policies

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

# SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN Employer ID# 26-4711666: Plan No. 001

Quarterly Installment Payment: \$28,898.00

# Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2013

Date	Amount	Year	Rate	<u>Period</u>	Adj Ctb
05-20-2014	28,898.00	2013	11.62%	05-20-2014 to 04-15-2013	
			6.62%	04-15-2013 to 12-31-2013	26,807.85
	28,898,00	2013	11.62%	05-20-2014 to 07-15-2013	
	28,878,00	2015	6.62%	07-15-2013 to 12-31-2013	27,116.77
	20,000,00	2012	11 (20/	05-20-2014 to 10-15-2013	
	28,898.00	2013	11.62%	10-15-2013 to 12-31-2013	27,429,24
			6.62%	10-13-2013 to 12-31-2013	21,429.24
	28,898.00	2013	11.62%	05-20-2014 to 01-15-2014	
			6.62%	01-15-2014 to 12-31-2013	27,745.31
	167,542.00	2013	6.62%	05-20-2014 to 12-31-2013	163,435.88
					272 525 05
Totals:	283,134.00		•		272,535.05

Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year

Contributions allocated toward unpaid minimum required contribution from prior years

Contributions made to avoid benefit restrictions adjusted to valuation date

Contributions allocated toward minimum required contribution for current year, adjusted to valuation date

19a 0.00
0.00
19b 0.00
272,535.05

## **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 Inspection

	r chalon be	ment coaranty corpo	, audir	File as	an attachme	nt to Form	5500 or 5	5500-SF.			
For	calendar	plan year 2013	or fiscal plan y	ear beginning (	01/01/2013			and end	ling 12/	31/2013	
		ff amounts to n									
<u> </u>	Caution:	A penalty of \$1	,000 will be ass	sessed for late filing	of this report u	inless reas	onable ca	use is establish	ned.		T
	lame of p lashiv S.		PLLC Defined E	Benefit Pension Plan				<b>B</b> Three-diplan nur	igit nber (PN)	<b>•</b>	001
				a of Form 5500 or 55	500-SF			<b>D</b> Employer	· Identifica	tion Number	(EIN)
Sac	lashiv S.	Shenoy, M.D., F	PLLC					26-4711666			
Εī	ype of pla	n: 🛛 Single	Multiple-A	Multiple-B	F	rior year pla	an size: 🛛	100 or fewer	101-5	500 More	than 500
Pa	ırt I 📗	Basic Inform	nation								
1		e valuation date		Month 12	Day 31	Year	2013				
2	Assets:		***								
	a Marke	et value							2a		1002604
	<b>b</b> Actua	rial value							2b		1002604
3		target/participa					T	umber of partic	ipants	(2)	Funding Target
	-			aries receiving paym	ent	3a	(1,11		0		0
						3b			0		0
		ctive participant								V. Santaga	
						3c(1)					0
	(2)					3c(2)					946388
	٠,					3c(3)	1,443.3		5		946388
						3d			5		946388
4				e box and complete I				П			
~								_	4a	100000000000000000000000000000000000000	
				oed at-risk assumptio							
				umptions, but disrega consecutive years an							
5	Effectiv	e interest rate							5		6.62 %
6	Target	normal cost							6		114120
	To the best of scoordance	with applicable law ar	information supplied nd regulations. In m	d in this schedule and accor y opinion, each other assum perience under the plan.	mpanying schedule option is reasonabl	es, statements e (taking into a	and attachm	ents, if any, is comp xperience of the pla	lete and acco	urate. Each preso able expectations	ribed assumption was applied in s) and such other assumptions, in
	IGN ERE		,	M					9	11164	
1 3 3 3			Signa	iture of actuary						Date	
			J	n R. Parks, MSPA						14-04	1577
			Type or pr	int name of actuary					Most	recent enrollr	nent number
			,, ,	Systems of Calif., In	c.						
				Firm name ntura Blvd., Suite 300	0			7	elephone	number (inc	luding area code)
			Woodla	nd Hills, CA 91364							
				ress of the firm	,			_			
	actuary I	nas not fully refle	ected any regu	lation or ruling promu	ılgated under	the statute	in comple	eting this sched	ule, checl	the box and	see

Pa	ırt II	Begin	ning of Year	Carryove	r and F	Prefunding Ba	alances						
							.	(a)	Carryover balance		(b)	Prefundir	ng balance
-7 			ning of prior year						1.00	0			93534
8			or use to offset pr	-						0			0
9	Amoun	ıt remainir	ng (line 7 minus lir	ne 8)						0			93534
10	Interes	t on line 9	using prior year's	actual retu	rn of	<u>1.19</u> %				0			1113
11	Prior ye	ear's exce	ess contributions to	o be added t	to prefun	ding balance:	1						
	a Pres	ent value	of excess contribu	utions (line 3	88a from	prior year)							59668
			using prior year's provided (see ins										4380
	<b>c</b> Total	available	at beginning of cur	rent plan yea	r to add t	to prefunding balan	ice						64048
			to be added to pre										64048
12	Other r	eductions	in balances due	to elections	or deem	ed elections				0			0
13	Balanc	e at begin	nning of current ye	ar (line 9 + I	line 10 +	line 11d – line 12	)			0			158695
P	art III	Fun	ding Percenta	ages									
14												14	88.06 %
15			target attainmen									15	120.58 %
16							<del>)</del>	16	93.06 %				
17									such percentage			17	%
P	art IV	Con	tributions and	d Liquidit	v Sho	rtfalls							
			ade to the plan for				oloyees:						
	(a) Da 1M-DD-\	te	(b) Amount p employer	aid by	(c) An	nount paid by mployees	(a) Da (MM-DD-		(b) Amount pa employer(	•	(4	c) Amoui emplo	nt paid by oyees
0	5-20-201	14		283134									
												T	
							Totals ►	18(b)		283134	18(c)		0
19	Discou	inted emp	loyer contributions	s – see instr	uctions f	or small plan with	a valuation d	ate after t	the beginning of the	e year:			
	<b>a</b> Con	tributions	allocated toward	unpaid minir	num req	uired contributions	from prior y	ears	·	19a			0
	<b>b</b> Con	tributions	made to avoid res	strictions adj	usted to	valuation date				19b			0
	<b>c</b> Con	tributions a	allocated toward mi	inimum requi	red contr	ibution for current y	ear adjusted	to valuatio	n date	19c			272535
20	Quarte	rly contrib	outions and liquidit	ty shortfalls:									
	a Did	the plan h	nave a "funding sh	ortfall" for th	e prior y	ear?						X	Yes No
	<b>b</b> If lin	e 20a is "	Yes," were require	ed quarterly	installme	ents for the curren	t year made i	n a timely	/ manner?				Yes X No
			Yes," see instructi										
						ty shortfall as of e			an year				
		(1) 19	st		(2)	2nd		(3)	3rd	-		(4) 4th	
							1						

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21								
	a Segment rates:	1st segment: 4.94%	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used		
	<b>b</b> Applicable month (	enter code)			21b	2		
22	Weighted average re	tirement age			22	69		
23	Mortality table(s) (se	e instructions)	escribed - combined Pres	cribed - separate	Substitu	te		
Pai	rt VI Miscellane	ous Items						
24								
25	Has a method change	e been made for the current p	an year? If "Yes," see instructions	regarding required attac	hment	Yes X No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required	attachment	Yes X No		
27			ter applicable code and see instruc		27			
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contributions	For Prior Years				
28	Unpaid minimum req	uired contributions for all prior	years		28	0		
29	(line 19a)		d unpaid minimum required contribu		29	. 0		
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0		
Pa	Part VIII Minimum Required Contribution For Current Year							
31	Target normal cost a	ind excess assets (see instruc	tions):					
a Target normal cost (line 6)								
	<b>b</b> Excess assets, if a	pplicable, but not greater than	line 31a		31b	0		
32	Amortization installm	ents:		Outstanding Bala	nce	Installment		
	a Net shortfall amorti	ization installment		•	11434	3068		
					0	0		
33	(Month	Day Year	nter the date of the ruling letter gran) and the waived amount		33			
34	Total funding require	ment before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	117188		
			Carryover balance	Prefunding balar	nce	Total balance		
35	Balances elected for requirement	use to offset funding	0		0	. 0		
36	Additional cash requi	irement (line 34 minus line 35)			36	117188		
37			ontribution for current year adjusted		37	272535		
38	Present value of exce	ess contributions for current ye	ear (see instructions)					
					38a	155347		
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b							
39								
40			s		40	0		
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions)	)			
41	If an election was ma	de to use PRA 2010 funding r	elief for this plan:					
	a Schedule elected					2 plus 7 years 15 years		
	<b>b</b> Eligible plan year(s	s) for which the election in line	41a was made		200	08 2009 2010 2011		
42	Amount of acceleration	on adjustment			42			
43	Excess installment ad	cceleration amount to be carri	ed over to future plan years		43			

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2013

# SCHEDULE SB, LINE 22 –DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

## SCHEDULE SB, LINE 23 – MORTALITY FOR PPA FUNDING

The attached Statement of Actuarial Assumptions and Method incorrectly indicates that the Post-Retirement Mortality for PPA Funding is the Current-Year Applicable Mortality (unisex rates). In fact, the mortality table for this purpose is the Current-Year Optional Combined Mortality (sex-distinct rates) from IRS Notice 2008-85.

Shortfall Amortization
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 12/31/2013

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<u>Installment</u>	<u>Installments</u>
12/31/2010	7-year	4	\$3,068	\$11,434
12/31/2011	·		\$0	\$0
12/31/2012			\$0	\$0
12/31/2013			<u>\$0</u>	<u>\$0</u>
Total			\$3,068	\$11,434

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

		<u>For Fu</u> Min	nding Max	For 417(e)	For Actuarial Equiv.	
Interest Rates	Seg 1	4.94%	1.35%	Seg 1 0.97%	Pre-Retirement 5.00%	
	Seg 2	6.15%	4.05%	Seg 2 3.50%	Post-Retirement 5.00%	
	Seg 3	6.76%	5.05%	Seg 3 4.60%		
Pre-Retirement						
Turnover	None			None	None	
Mortality	None			None	None	
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	
Future Salary Incr	4% sal year	ary incre	ease per	None	None	
Future Insurance	be carr		sumed to e current ement		Not applicable	
Post-Retirement				•		
Mortality	Mortal	applicab ity Tablo ul 2006-	e from	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67	
Assumed Benefit Form l	For Fun	ding		Lump Sum		
Calculated Effective Interest Rate			6.62%			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

Eligibility

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

1 year of service Minimum age 21

Union employees & non-resident aliens and all excluded except...

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 65 Completion of 5 years of participation from beginning of entry year

**Normal Retirement Benefit** 

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Group 1: 4.5% per Year of Participation up to 10

Group 2: 4.0% per Year of Participation up to 10

Group 3: 2.0% per Year of Participation up to 10

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

**Termination Benefit** 

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years

Vested Percent 0

1

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Credited Years	Vested Percent
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

#### **Top-Heavy Minimum Benefit**

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

#### **Top-Heavy Normal Form**

A benefit payable for the life of the participant

#### **Top-Heavy Status**

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

#### **Death Benefit**

Proceeds of any insurance policies on the life of the participant plus the actuarial reserves under a typical Individual Level Premium method less the cash value of such policies

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

# SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN Employer ID# 26-4711666: Plan No. 001

Quarterly Installment Payment: \$28,898.00

# Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2013

Date	Amount	Year	Rate	<u>Period</u>	Adj Ctb
05-20-2014	28,898.00	2013	11.62%	05-20-2014 to 04-15-2013	
			6.62%	04-15-2013 to 12-31-2013	26,807.85
	28,898,00	2013	11.62%	05-20-2014 to 07-15-2013	
	28,878,00	2015	6.62%	07-15-2013 to 12-31-2013	27,116.77
	20,000,00	2012	11 (20/	05-20-2014 to 10-15-2013	
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					272 525 05
Totals:	283,134.00		•		272,535.05

Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year

Contributions allocated toward unpaid minimum required contribution from prior years

Contributions made to avoid benefit restrictions adjusted to valuation date

Contributions allocated toward minimum required contribution for current year, adjusted to valuation date

19a 0.00
0.00
19b 0.00
272,535.05

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2013

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	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<u>Installment</u>	<u>Installments</u>
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12/31/2011	·		\$0	\$0
12/31/2012			\$0	\$0
12/31/2013			<u>\$0</u>	<u>\$0</u>
Total			\$3,068	\$11,434

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

		<u>For Fu</u> Min	nding Max	For 417(e)	For Actuarial Equiv.	
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	Seg 2	6.15%	4.05%	Seg 2 3.50%	Post-Retirement 5.00%	
	Seg 3	6.76%	5.05%	Seg 3 4.60%		
Pre-Retirement						
Turnover	None			None	None	
Mortality	None			None	None	
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Future Insurance	be carr		sumed to e current ement		Not applicable	
Post-Retirement				•		
Mortality	Mortal	applicab ity Tablo ul 2006-	e from	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67	
Assumed Benefit Form l	For Fun	ding		Lump Sum		
Calculated Effective Interest Rate			6.62%			

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Vested Percent 0

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4	60
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with a maximum of 10 years

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#### **Top-Heavy Status**

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# SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN Employer ID# 26-4711666: Plan No. 001

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Contributions allocated toward minimum required contribution for current year, adjusted to valuation date

19a 0.00
0.00
19b 0.00
272,535.05

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35 Plen poministrator's name and	i address X Geme as Plan Sponsor	tanua Chamina and incident	1	7- 4	daulalatatorio	lelephone humber
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4 If the name and/or EIN of the	plan aponeor has changed since the	last returningport filed for	This plan, enter the	45 (	IN	
name, EIN, and the bigh that	ber from the last return/report.			40 8	N.	
H Spengola name	at the baginning of the plan year	1713-12517-18-171101111-1-1-1711115-1-11111	Tealprocentettes(e)(sq)+a)actist	5a		
manuscript and a second and a s	weeners Year help and In bus add a	***********************************		5b		5
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An Ware all of the plan's esacts	during the plan year invested in end	ibid based i con insulate	Laubilia secolutiani (IOF	'A}		N Yes No
10 19V) INV A trainfallation available of	ING BUUTER OXBILIDATION BUT ABOUT A	Jist A A				Pl 162 [] 110
Under 29 CFN 3620,1044401	(see instructions on wolver eligibilit ther line be or line etc, the plan car	mot use Form 6500-6F a	ind must instead use I	፣ ለነነርቀት ትግ	ייטשני. אסט אל אים 1	Donlandah INA T
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Caution: A penalty for tile fate	or incomplete filling of this returnir her penalties set forth in the instruction and elaned by an enrolled setuary, as	ons, I declate that I have o	en of this return/10p	o N, Ind and to	inder ir sport of m	A kuanyaga aug
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BIGN (	dulies /_		Enter name of Individu	ısi elm	ning an pian ad	(ministrator
HERE Signature of plan a	dministrator	. Date 10/16/14	Enter hains of molyson	151 0.14	TO SERVICE SER	
เลเติม	/		Enter name of Individu	المستجدين المائح إورا	lotorna ea cole	rec or plan sponsor
	yerlalan aponsor	Date number	(optional)	Propi	arera lelaphon	e number (optional)
Preparer's name (including firm r	sewo, il applicable) and address; inc	INDER TRAINS OF BRIDGE STATES OF	•			
			į			
	co and UMB Control Numbers, see the	axtruptions for Form 5500	ap,			Form 6400-8F (2013) y, 150118

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	102682				1285738
b	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7с	102682	5			1285738
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)	283134				
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	505	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					288187
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2927	4			
е	Certain deemed and/or corrective distributions (see instructions)	8e	(	0			
f	Administrative service providers (salaries, fees, commissions)	8f	1	0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					29274
	Net income (loss) (subtract line 8h from line 8c)	8i					258913
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension to 1A 3B 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	des in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С				10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		Х	300000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100			
-	insurance service, or other organization that provides some or all				.,		
	instructions.)			10e	Х		8350
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	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 2520.10	ne required	d notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
112	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding		,		•		ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			J UI SE	CHOIL	002 UI	LINDA:     100 M NO
a	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instru		, and e		•
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			ıtrı		Day	Year
	Enter the minimum required contribution for this plan year	2 (1 01	soos, and skip to line 13.			12b	

Form 5500-SF 2013	Page <b>3 -</b> 1
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						_	
С	Ente	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	۱ 🔲 ،	∕es χ No	1		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	<b>I</b> f du	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	to				
1	3c(1)	Name of plan(s):	3c(2) El	N(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					
14a	Name	of trust	<b>14b</b> ⊤i	rust's EIN			

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2013

# SCHEDULE SB, LINE 22 –DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

## SCHEDULE SB, LINE 23 – MORTALITY FOR PPA FUNDING

The attached Statement of Actuarial Assumptions and Method incorrectly indicates that the Post-Retirement Mortality for PPA Funding is the Current-Year Applicable Mortality (unisex rates). In fact, the mortality table for this purpose is the Current-Year Optional Combined Mortality (sex-distinct rates) from IRS Notice 2008-85.

Shortfall Amortization
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 12/31/2013

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<u>Installment</u>	<u>Installments</u>
12/31/2010	7-year	4	\$3,068	\$11,434
12/31/2011	·		\$0	\$0
12/31/2012			\$0	\$0
12/31/2013			<u>\$0</u>	<u>\$0</u>
Total			\$3,068	\$11,434

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

		<u>For Fu</u> Min	nding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1	4.94%	1.35%	Seg 1 0.97%	Pre-Retirement 5.00%
	Seg 2	6.15%	4.05%	Seg 2 3.50%	Post-Retirement 5.00%
	Seg 3	6.76%	5.05%	Seg 3 4.60%	
Pre-Retirement					
Turnover	None			None	None
Mortality	None			None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Future Salary Incr	4% sal year	ary incre	ease per	None	None
Future Insurance	The Insurance Insurance is assumed to be carried at the current level until retirement		e current		Not applicable
Post-Retirement					•
Mortality	Mortal	applicab ity Tablo ul 2006-	e from	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67
Assumed Benefit Form l	For Fun	ding		Lump Sum	
Calculated Effective Interest Rate			6.62%		

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

Eligibility

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

1 year of service Minimum age 21

Union employees & non-resident aliens and all excluded except...

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 65 Completion of 5 years of participation from beginning of entry year

**Normal Retirement Benefit** 

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Group 1: 4.5% per Year of Participation up to 10

Group 2: 4.0% per Year of Participation up to 10

Group 3: 2.0% per Year of Participation up to 10

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

**Termination Benefit** 

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years

Vested Percent 0

1

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Credited Years	Vested Percent
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

#### **Top-Heavy Minimum Benefit**

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

#### **Top-Heavy Normal Form**

A benefit payable for the life of the participant

#### **Top-Heavy Status**

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

#### **Death Benefit**

Proceeds of any insurance policies on the life of the participant plus the actuarial reserves under a typical Individual Level Premium method less the cash value of such policies

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

# SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN Employer ID# 26-4711666: Plan No. 001

Quarterly Installment Payment: \$28,898.00

# Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2013

Date	Amount	Year	Rate	<u>Period</u>	Adj Ctb
05-20-2014	28,898.00	2013	11.62%	05-20-2014 to 04-15-2013	
			6.62%	04-15-2013 to 12-31-2013	26,807.85
	28,898,00	2013	11.62%	05-20-2014 to 07-15-2013	
	28,878,00	2015	6.62%	07-15-2013 to 12-31-2013	27,116.77
	20,000,00	2012	11 (20/	05-20-2014 to 10-15-2013	
	28,898.00	2013	11.62%	10-15-2013 to 12-31-2013	27,429.24
			6.62%	10-13-2013 to 12-31-2013	21,429.24
	28,898.00	2013	11.62%	05-20-2014 to 01-15-2014	
			6.62%	01-15-2014 to 12-31-2013	27,745.31
	167,542.00	2013	6.62%	05-20-2014 to 12-31-2013	163,435.88
					272 525 05
Totals:	283,134.00		•		272,535.05

Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year

Contributions allocated toward unpaid minimum required contribution from prior years

Contributions made to avoid benefit restrictions adjusted to valuation date

Contributions allocated toward minimum required contribution for current year, adjusted to valuation date

19a 0.00
0.00
19b 0.00
272,535.05

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2013

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Future Insurance	The Insurance Insurance is assumed to be carried at the current level until retirement		e current		Not applicable
Post-Retirement					•
Mortality	Mortal	applicab ity Tablo ul 2006-	e from	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67
Assumed Benefit Form l	For Fun	ding		Lump Sum	
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