### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Repor	t Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	014	and ending 12	2/31/2014				
<b>A</b> This re	eturn/report is for:	X a single-employer plan		r plan (not multiemployer) ployer information in accor					
	·	a one-participant plan	a foreign plan	·		,			
<b>B</b> This ret	turn/report is	the first return/report	the final return/repor	rt					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
<b>C</b> Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	program			
	3	special extension (enter desc	ription)						
Part II	Rasic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan	CIAN, PC DEFINED BENEFIT PEN		г	<b>1b</b> Three-digir plan numb (PN) ▶				
					1c Effective d	ate of plan 01/01/2009			
2a Plan s	sponsor's name and a	ddress; include room or suite numb	er (employer, if for a sing	le-employer plan)	<del>-</del>	dentification Number			
CHANDRAK	ANT DESAI, PHYSIC	JIAN, PC			(=)	14-1632472			
21 KINGWO	OOD LANE					telephone number 45-297-4064			
	EPSIE, NY 12601					code (see instructions)			
20 Dlan a					+	621111			
<b>Ja</b> Plan a	administrator's name a	and address XSame as Plan Spon	sor.		<b>3b</b> Administra	TOT'S EIN			
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN				
	sor's name				4c PN				
		s at the beginning of the plan year.				3			
<b>b</b> Total	number of participant	s at the end of the plan year			. 5b	3			
compl	lete this item)	account balances as of the end of			. 5c				
<b>d(1)</b> Tot	tal number of active p	articipants at the beginning of the p	lan year		5d(1)	3			
<b>d(2)</b> To	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	3			
		terminated employment during the			5e	(			
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca	use is establishe	d.			
Under pen SB or Sch	nalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	ve examined this return/re	port, including, if a	applicable, a Schedule			
SIGN	Filed with authorized	d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of individ	name of individual signing as plan administrator				
SIGN									
HERE		loyer/plan sponsor	Date		dividual signing as employer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite num	ber ) (optional)	Preparer's telep	hone number (optional)			
•					1				

	Form 5500-SF 2014		Page <b>2</b>				
b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a	an indepe and condit ot use Fo	ndent qualified public accounta iions.) irm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)? .		Yes	No Not determined
Par					-		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Fotal plan assets	7a	18994		-		2261012
	Fotal plan liabilities	7b	4900	0			2261012
	Net plan assets (subtract line 7b from line 7a)	7c	18994	100	_		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	3000	000			
	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	705	65			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					370565
	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (	Other expenses	8g	90	800			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9008
	Net income (loss) (subtract line 8h from line 8c)	8i					361557
_ J	ransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellows.  V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X	
D	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		260000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
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	end.)	10g		X	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page <b>3</b> - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information** 

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

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

			File as an attachment to For	rm 5500 or 55	00-SF.			
For	calenda	ar plan year 2014 or fiscal plan year beg	ginning 01/01/2014		and endir	ng 12/3	1/2014	
•	Round	off amounts to nearest dollar.						
•	Cautior	n: A penalty of \$1,000 will be assessed	for late filing of this report unless re	asonable caus	e is establishe	d.		
	Name of ANDRA	plan KANT DESAI, PHYSICIAN, PC DEFINE	ED BENEFIT PENSION PLAN AND	TRUST	Three-dig plan numb		•	003
		onsor's name as shown on line 2a of For KANT DESAI, PHYSICIAN, PC	rm 5500 or 5500-SF	D	Employer I	dentificat 14-1632	ion Number (E	IN)
Ет	ype of p	olan: X Single Multiple-A Mu	Itiple-B <b>F</b> Prior year	plan size: X	100 or fewer	101-50	00 More tha	an 500
Pa	art I	Basic Information						
1	Enter	the valuation date: Month	12 Day 31 Yea	ır <u>2014</u>				
2	Assets	S:	•					
	<b>a</b> Marl	ket value				. 2a		1960311
	<b>b</b> Actu	uarial value				2b		1960311
3		ng target/participant count breakdown		(1) Nui	mber of sipants		ed Funding arget	(3) Total Funding Target
	<b>a</b> For	retired participants and beneficiaries re	ceiving payment		0		0	0
	<b>b</b> For	terminated vested participants			0		0	0
		active participants			3		1752851	1752851
	_	 al			3		1752851	1752851
4		olan is in at-risk status, check the box a						
•		ding target disregarding prescribed at-r	. , , , , ,			. 4a		
	<b>b</b> Fun	ding target disregarding presented at ridding target reflecting at-risk assumption trisk status for fewer than five consecu	s, but disregarding transition rule fo	or plans that ha	ve been in	4h		
5		ive interest rate				. 5		6.28%
6	Targe	t normal cost				. 6		145108
S	To the bes	by Enrolled Actuary t of my knowledge, the information supplied in this se with applicable law and regulations. In my opinion, or, offer my best estimate of anticipated experience u	each other assumption is reasonable (taking in					
		Signature of	actuary				Date	
M. F	FRANK,	FSA, EA					14-0244	10
		Type or print nam	e of actuary	_		Most re	ecent enrollme	nt number
MIC	HAEL F	FRANK CONSULTING ACTUARY					212-567	-1464
		Firm na N STREET, APT 5-B K, NY 10040	me		Те	lephone	number (includ	ling area code)
		Address of	the firm					
If the	actuan	has not fully reflected any regulation o	r ruling promulgated under the statu	ite in completin	na this schadul	e check	the hoy and so	<u></u>
	ıctions	That not raily remotical arry regulation of	raming promungated under the state	ito in compietii	ig tills solledu	o, oneok	and box and st	~ 📙

2 - 1	
	2 - 1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefur	nding Bal	ances							
								(a) (	Carryover balance		(b) F	Prefundi	ng balan	се
7		•	nning of prior year		•	•				0				0
8			or use to offset pr	-		•				0				0
9	Amount	remainir	ng (line 7 minus li	ne 8)						0				0
10	Interest	on line 9	using prior year's	actual ret	urn of0.00	<u>%</u>				0				0
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding ba	lance:								
	<b>a</b> Prese	nt value	of excess contrib	utions (line	38a from prior ye	ear)							2	211860
			the excess, if an											0
	<b>b(2)</b> Inf	terest on	line 38b from pri	or year Scl	nedule SB, using p	orior year's a	actual							
														0
			at beginning of cur		·	· ·								211860
	<b>d</b> Portio	n of (c)	to be added to pre	funding ba	alance									0
12	Other re	ductions	in balances due	to election	s or deemed elect	ions				0				0
13	Balance	at begir	nning of current ye	ar (line 9 -	line 10 + line 11	d – line 12)				0	0			
Pa	Part III Funding Percentages													
14 Funding target attainment percentage										14	111	.84 %		
15 Adjusted funding target attainment percentage									15	111	.84 %			
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									.43 %				
17	If the cu	rrent val	ue of the assets o	f the plan	s less than 70 per	rcent of the f	funding targe	et, enter s	such percentage			17		%
Pá	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18	Contribu	itions ma	ade to the plan for	the plan y	ear by employer(s	s) and emplo	oyees:							
(M	(a) Date M-DD-Y		(b) Amount p employer		(c) Amount pa employee		<b>(a)</b> Dat (MM-DD-Y				(c) Amount paid by employees			
12	/17/2014			300000										
							<del>-</del>	40(1)			40( )	I		
- 40							Totals ▶	18(b)		300000	18(c)			
19		•	-			•			ne beginning of the Г					
	_		allocated toward	·	•				-	19a				0
			made to avoid res		-				-	19b				0
20			allocated toward mi			or current yea	ar adjusted to	valuation	n date	19c				300701
20		-	outions and liquidit	•								Г	] voc [	X No
		•	•									<u> </u>	Yes	No No
						-		a umery	manner?				Yes	No
	C IT line	∠ua is "	Yes," see instructi	ons and co	Liquidity short			of this pla	n vear					
		(1) 1s	st		(2) 2nd		. J. quartor (	(3)	3rd	<u> </u>		(4) 4th	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discou	nt rate:									
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ıll yield	curve	e used	
	<b>b</b> Appl	licable month (	enter code)			21b				4	
22	Weight	ted average ret	tirement age			22				65	
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pres	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items			<del></del>					
24				tuarial assumptions for the current	plan vear? If "Yes." see	instructions	s regarding re	eauired			
		-							Yes	X No	
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No	
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27		<u> </u>			
	attachr	ment	-			. 21					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years						
28	Unpaid	l minimum requ	uired contributions for all prior	years		. 28				0	
29	Discou (line 19	nted employer a)	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0	
30				ntributions (line 28 minus line 29)		30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31			nd excess assets (see instruct								
	<b>a</b> Targe	et normal cost	(line 6)	······································		31a				145108	
			·	line 31a		31b				145108	
32		zation installme	<u> </u>		Outstanding Bala	ance	I	nstallm	ent		
	a Net s	shortfall amortiz	zation installment			0	0 0				
	<b>b</b> Waiv	er amortizatio	n installment			0				0	
33				ter the date of the ruling letter grar		33					
34	Total fu			er/prefunding balances (lines 31a -		34				0	
		<u> </u>		Carryover balance	Prefunding bala	nce	To	tal bal	ance		
35	Ralanc	es elected for	use to offset funding	,	3 1 1 3						
00				0		0				0	
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0	
37	Contrib	outions allocate 9c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				300701	
38	Presen	nt 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				300701	
	<b>b</b> Porti	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0	
39	Unpaid	l minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0	
40	Unpaid	l minimum requ	uired contributions for all years	S		40				0	
Pa	rt 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	edule elected .					2 plus 7 yea	ars	15	years	
	<b>b</b> Eligib	ole plan vear(s	) for which the election in line	41a was made				2010	_	2011	
42			on adjustment		42			<u> </u>			
			-	d over to future plan years		43					

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Chandrakant Desai Physician, PC Defined Benefit Pension Plan and Trust

EIN / PN: 14-1632472 / 003

Year: 2014

The actuarial assumptions and funding methods used to calculate the target Normal Cost and the Funding Target are as follows:

- Participants are assumed to elect, 100% of the time, the lump sum optional form of benefit.
- The table used is the one prescribed under IRC 417(e)(3) pursuant to IRS Treasury 1.430(d)-1(f)(4)(ii)(B). This mortality table is based upon a fixed blend of 50 percent of the static male combined mortality rates and 50 percent of the static female combined mortality rates.
- No assumption is made for withdrawal, mortality, or turnover. All participants are assumed to retire at Normal Retirement Age.
- Upon death, a participant becomes 100% vested.
- Compensation is not expected to increase.
- Assets are based on the fair market value

Schedule SB – Statement by Enrolled Actuary

Plan Name:

Chandrakant Desai Physician, PC Defined Benefit Pension Plan and Trust

EIN / PN:

14-1632472 / 003

Year:

2014

the Third Party Administrator.

This statement is prepared in accordance with requirements for preparation of the Form 5500 Schedule SB for the plan and year end stated above. I have examined the actuarial assumptions, data and documents as furnished by the Plan Sponsor and the Third Party Administrator, Heller Pension Associates, Inc., and the calculations used to prepare the Form 5500 Schedule SB for the above plan and for the above year. I have found that each of the actuarial assumptions, other than those specified in Internal Revenue Code Sections 430(h)(2) and 430(h)(3), to be reasonable (taking into account the experience of the plan and reasonable expectations), and that the actuarial assumptions, in combination, offers my best estimate of anticipated experience under the plan. To the best of my knowledge the report is complete and accurate. We note again that the data, documents and statement of contributions have been furnished by the Plan Sponsor and

Michael Frank Enrolled Actuary

**Enrollment #14-02440** 

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

# Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information									
For calend	ar plan year 2014 or fi	fiscal plan year beginning 01/01/20	4	and ending	12/31/2014						
A This ref	eturn/report is for:	X a single-employer plan     ☐ a one-participant plan		olan (not multiemployer oyer information in acco		nis box must attach a list m instructions)					
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	•	rn/report (less than 12	months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pi	rogram					
		special extension (enter description									
Part II		ormation—enter all requested inform	ation								
1a Name CHANDRAR	•	CIAN, PC DEFINED BENEFIT PENSIO	N PLAN AND TRUST		1b Three-digit plan numbe (PN) ▶	er 003					
	1c Effective date of plan 01/01/2009										
	ponsor's name and ad KANT DESAI, PHYSIC	ddress; include room or suite number (e CIAN, PC	-employer plan)	2b Employer lo (EIN) 14-16	dentification Number 332472						
24 KINGWC	2c Sponsor's telephone number (845) 297-4064										
21 KINGWO	2d Business code (see instructions)										
	EPSIE, NY 12601				621111						
3a Plan ad	dministrator's name ar	and address X Same as Plan Sponsor.			3b Administrate	or's EIN					
					3c Administrate	or's telephone number					
name,	, EIN, and the plan nur	e plan sponsor has changed since the imber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN						
	or's name				4c PN						
		s at the beginning of the plan year				3					
	,	s at the end of the plan year			5b	3					
comple	ete this item)	account balances as of the end of the									
		articipants at the beginning of the plan y articipants at the end of the plan year			5d(1)	3					
					5d(2)	3					
less that	an 100% vested	erminated employment during the plan	·		5e	0					
		or incomplete filing of this return/rep									
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as worstete.									
SIGN		DC SW	10311	Chandrakant Desai							
HERE	Signature of plan a	dministrator	Date	Enter name of indivi	idual signing as plan	administrator					

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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	Were all of the plan's assets during the plan year invested in eligible		•				X Yes No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must instead	d use	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 40	21)? .		Yes	X No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	189945	5	_		2261012
b	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	189945	5	-		2261012
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	30000	)			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	7056	5			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					370565
d	Benefits paid (including direct rollovers and insurance premiums	04					
	to provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8e					
		8f	900	2			
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h	3000	<u>,                                     </u>			9008
	Net income (loss) (subtract line 8h from line 8c)	8i					361557
	Transfers to (from) the plan (see instructions)	8i					001001
Par	` , , , , ,	oj					
	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Char	acteris	stic Co	des in	the instructions:
	1A 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	es in tl	ne instructions:
Part							
10	During the plan year:	4i a.a.a i4la i.a	Ales Aires resuited described in		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		Χ	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ	
С	Was the plan covered by a fidelity bond?			10c	Х		260000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd that was caused by fraud	100			200000
	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		Х	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
a	Did the plan have any participant loans? (If "Ves " enter amount a	s of year e	nd )			V	
g	Did the plan have any participant loans? (If "Yes," enter amount as	-		10g		Χ	
g h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR			Х	
_ <u>.</u>	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	notice or one of the	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	(See instru	notice or one of the	10g 10h		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	(See instrume required 1-3	notice or one of the  'es," see instructions and com	10g 10h 10i		lule SE	·
h i Part 11	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	(See instru	notice or one of the  "es," see instructions and com	10g 10h 10i		lule SE	·
h i Part 11 11a	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).  Enter the unpaid minimum required contribution for current year from the subject to minimum for current year from the subject to	(See instrumered required 1-3ents? (If "Young om Schedu	rotions and 29 CFR notice or one of the  'es," see instructions and com  ule SB (Form 5500) line 39	10g 10h 10i		lule SE	X Yes No
h i Part 11	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).  Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding	(See instrume required 1-3ents? (If "Your Schedurequireme	res," see instructions and comule SB (Form 5500) line 39	10g 10h 10i		lule SE	X Yes No
Part 11 11a 12	If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).  Enter the unpaid minimum required contribution for current year from the subject to minimum for current year from the subject to	ents? (If "Your scheduler as applications (See instru	rotions and 29 CFR notice or one of the  res," see instructions and com- ule SB (Form 5500) line 39 nts of section 412 of the Code lble.)	10g 10h 10i plete	ction 3	lule SE 11a 302 of	ERISA? Yes No

	Form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)		of a	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?			res X No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		under the	the control Yes X N			
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify tl	ne plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)		<u> </u>				
14a I	Name of trust			<b>14b</b> ⊤	rust's EIN		

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

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

<b>▶</b> F	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late	of this report unless reas	onable ca	and endi		1/2014		
ΑN	Name of plan ANDRAKANT DESAI, PHYSICIAN, PC DEFINED BE			B Three-dig	it	•	003	
	Plan sponsor's name as shown on line 2a of Form 550 ANDRAKANT DESAI, PHYSICIAN, PC	0 or 5500-SF		D Employer I 14-1632472	dentificati	on Number (E	IN)	
ET	ype of plan: X Single Multiple-A Multiple-B	<b>F</b> Prior year pl	an size: 🛛	100 or fewer	101-50	0 More th	an-500	
	art I Basic Information	I						
1	Enter the valuation date: Month12	Day <u>31</u> Year	2014					
2	Assets:			<u> </u>				
	a Market value				2a		1960311	
	<b>b</b> Actuarial value				2b		1960311	
3				lumber of ticipants		ed Funding irget	(3) Total Funding Target	
	a For retired participants and beneficiaries receiving	payment		0		0	0	
	<b>b</b> For terminated vested participants			0			0	
	C For active participants			3		1752851	1752851	
	d Total			3		1752851	1752851	
4	If the plan is in at-risk status, check the box and com	plete lines (a) and (b)		T ·				
	a Funding target disregarding prescribed at-risk ass	umptions		⊔ <b>,</b>	4a	•		
	<b>b</b> Funding target reflecting at-risk assumptions, but at-risk status for fewer than five consecutive ye				4b			
5	Effective interest rate				5		6.28 %	
6	Target normal cost				. 6		145108	
T a c	To the best of my knowledge, the information supplied in this schedule a accordance with applicable law and regulations. In my opinion, each oth combination, offer my best estimate of anticipated experience under the	er assumption is reasonable (taking into	and attachme account the ex	ents, if any, is comple experience of the plan	te and accura	ate. Each prescribe	ed assumption was applied in nd such other assumptions, in	
	ERE Michael				8	14/15		
	Signature of actuar M. Frank, FSA, E	•			-	Date 14-0244	0	
	Type or print name of ac			-	Most ro	cent enrollme		
	· Michael Frank Consulting	•		•	MOST	(212) 567		
	Firm name 100 Arden Street. Ap			Te	lephone r		ing area code)	
	New York, NY 100 Address of the firm							
	actuary has not fully reflected any regulation or ruling		in comple	ting this schedu	le, check t	the box and se	ее П	
	uctions Paperwork Reduction Act Notice and OMB Control	Numbers see the instruction	ns for For	m 5500 or 5500	-SF.	Schedule	SB (Form 5500) 2014	
	- 0.7119 pr. 13.36 05 90						v. 140124	

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Schedule	$^{\circ}$	/Farm	EEOO	201	1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances							
_	7 Balance at beginning of prior year after applicable adjustments (line 13 fro					(a) Carryover balance			(b) Prefunding balance				
7					,	•			0	,		0	
	year)						· · · · · · · · · · · · · · · · · · ·			0			
8	- · · · · · · · · · · · · · · · · · · ·									0			
	prior year)							0			0		
9			<u> </u>						0			0	
10	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,								0			0	
11	•				to prefunding balance:								
				`	38a from prior year)					211860			
					a over line 38b from prior ye interest rate of 6.13%						0		
	<b>b(2)</b> Inte	erest on	line 38b from pri	or year Sch	edule SB, using prior year	s actual							
												0	
	<b>C</b> Total a	vailable	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						211860	
	<b>d</b> Portion	n of (c)	to be added to pre	efunding ba	lance						0		
12	Other red	ductions	in balances due	to elections	or deemed elections				0		0		
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	?)			0			0	
Pa	art III	Fun	ding Percenta	ages									
14	Funding	target a	ttainment percent	age							14	111.84 %	
			target attainmen								15	111.84 %	
16					of determining whether car						16	111.43 %	
17	current year's funding requirement												
Part IV Contributions and Liquidity Shortfalls													
	18 Contributions made to the plan for the plan year by employer(s) and employees:												
	(a) Date		(b) Amount p		(c) Amount paid by	(a) [	Date	(b) Amount p	aid by	((	) Amou	nt paid by	
(MM-DD-YYYY) employer(s) employees						(MM-DD	D-YYYY) employer(s)				empl	oyees	
12-17-2014 300000													
						Totals ►	18(b)		300000	18(c)			
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:													
	a Contributions allocated toward unpaid minimum required contributions from prior years									0			
b Contributions made to avoid restrictions adjusted to valuation date									0				
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20	20 Quarterly contributions and liquidity shortfalls:												
	a Did the plan have a "funding shortfall" for the prior year?												
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
C If line 20a is "Yes," see instructions and complete the following table as applicable:													
Liquidity shortfall as of end of quarter of this plan year													
(1) 1st (2) 2nd (3) 3rd (4) 4th						1							
						İ			1				

Pa	art V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount rate:										
	<b>a</b> Seg	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used				
	<b>b</b> App	olicable month (	(enter code)			21b	4				
22	Weigh	ited average re	tirement age			22	65				
23	Mortal	lity table(s) (se	e instructions) X Pre	scribed - combined Pre	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment										
25	Has a	method change	e been made for the current pla	in 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 instruc	tions regarding required	attachmen	Yes 🛛 No				
27		•		er applicable code and see instruc		27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years						
28	Unpai	d minimum requ	uired contributions for all prior y	ears		28	0				
29				unpaid minimum required contrib	•	29	0				
30	Rema	ining amount of	f unpaid minimum required con	tributions (line 28 minus line 29)		30	0				
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year							
31	Targe	t normal cost a	nd excess assets (see instructi	ons):							
	<b>a</b> Targ	et normal cost	(line 6)			31a	145108				
	<b>b</b> Exc	ess assets, if a	pplicable, but not greater than I	ine 31a		31b	145108				
32	Amort	ization installme	ents:		Outstanding Bala	ince	Installment				
	<b>a</b> Net	shortfall amorti	zation installment			0	0				
	<b>b</b> Wai	ver amortizatio	n installment			0	0				
33	If a wa (Month			er the date of the ruling letter grar ) and the waived amount		33					
34	Total f	funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	0				
				Carryover balance	Prefunding bala	nce	Total balance				
35			use to offset funding	0	0		0				
36	6 Additional cash requirement (line 34 minus line 35)						0				
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)						300701				
38	38 Present value of excess contributions for current year (see instructions)										
	<b>a</b> Tota	al (excess, if an	y, of line 37 over line 36)	38a	300701						
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						0				
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0				
40	Unpai	d minimum requ	40	0							
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)											
41	41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedule elected										
	<b>b</b> Eligi	ible plan year(s	s) for which the election in line 4	1a was made		200	8 2009 2010 2011				
42	Amour	Amount of acceleration adjustment									
13	Evene	e inetallment ac	eceleration amount to be carried	43							

Plan Name: Chandrakant Desai Physician, PC Defined Benefit Pension Plan and Trust

EIN / PN: 14-1632472 / 003

Year: 2014

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

All participants are assumed to retire at Normal Retirement Age, which in this plan is age 65 with 5 years of participation.

### Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Chandrakant Desai, Physician, PC

EIN / PN: 14-1632472 / 003

Year: 2013

This is a Defined Benefit Plan which provides a retirement benefit, in the form of a single life annuity, payable at Retirement Date, age 65 with 5 years of participation equal to the benefit accrued as of January 1, 2014 plus 4% of compensation for each year of participation after December 31, 2013 up to 5 years of participation.

Compensation is defined as the average of the highest 3 consecutive years of earnings.

Participants are eligible after 2 years of service. Entry dates are the first day of January and July.

In this plan benefits accrue on a unit credit basis.

### **Summary of Changes (if any):**

- A) Eligibility:
- B) Benefit Formula: Prior to January 1, 2014 the formula was as follows: 8.98% of compensation for each year of participation up to 5 years. The annual accrual for Chandrakant Desai is limited to \$22,000 and the annual accrual for Bharati Desai is limited to \$20,000.
- C) Definition of Average Annual Compensation:
- D) Retirement Age:
- E) Normal Form of Benefit Payable Under the Plan: