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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit BABU S. BANGARU PENSION PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number BABU S. BANGARU, MD PC 13-3355383 (EIN) Sponsor's telephone number 516-484-0279 175 PEACH DRIVE EAST HILLS, NY 11576 Business code (see instructions) 621111 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instea	nt (IQ	PA) Form	5500.			X Yes	□ ; []	No No ed
Par		<u> </u>	<u> </u>			1		LJ			
	Plan Assets and Liabilities		(a) Paginning of Vos				/b) E	nd of	Voor		
		70	(a) Beginning of Yea				(b) E	nd of	17199	933	
	Total plan assets	. 7a	17100	0	+				1710	0	
	Total plan liabilities	. 7b	17106		+				1719		
	Net plan assets (subtract line 7b from line 7a)	. 7с		,00	+			\ - .			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(E) Tota	āl .		
	(1) Employers	. 8a(1)		0							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	1		0							
	Other income (loss)	. 8b	92	253							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							9:	253	
	Benefits paid (including direct rollovers and insurance premiums	. 00									
	to provide benefits)	. 8d		0							
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								0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							9:	253	
j	Transfers to (from) the plan (see instructions)	. 8i		0							
Par	IV Plan Characteristics	, o,	1								
	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D If the plan provides welfare benefits, enter the applicable welfare fe										
Part	V Compliance Questions										
10	During the plan year:				Yes	No		ıA	mount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	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	he require	d notice or one of the	10i							
Part					-	-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•					X Yes	; П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					0
12	· · · · · · · · · · · · · · · · · · ·		,				EDIS/	,	Yes	X	No
14	Is this a defined contribution plan subject to the minimum funding			oi se	CIIUI1	JUZ U[LNISA			^ ^	, 10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.		·	rtions	and 4	anter th	ne date	of the	letter r	ıling	

.. Month

Day

Year

granting the waiver.

	Form 5500-SF 2014 Page 3 - 1				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes N	lo	
	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 PBGC?	e control		Yes	x No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	8) PN(s)

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 Form	5500 or 5500-5F.			
For	calenda	ar plan year 2014 or fiscal plan year beginning 01/01/2014	and end	ling 12/3	31/2014	
▶ I	Round	off amounts to nearest dollar.				
• (Cautior	n: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is establish	ned.	1	
	lame of		B Three-d	git		002
BAE	8U S. B/	ANGARU PENSION PLAN	plan nur	nber (PN)	•	
CP	lan eno	nsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	tion Number (E	:INI\
		ANGARU, MD PC	D Limployer	13-335		.IIV)
				.0 000		
F T	ype of p	ılan: X Single	an size: X 100 or fewer	□ 101-5	00 Nore th	on F00
			an size. N 100 of fewer	101-3	oo 🔲 wore in	an 500
Pa	rt I	Basic Information				
1	Enter	the valuation date: Month <u>01</u> Day <u>01</u> Year 2	2014		1	
2	Assets	5:				
	a Marl	ket value		2a		1699555
	b Actu	uarial value		2b		1699555
3	Fundir	ng target/participant count breakdown	(1) Number of		ted Funding	(3) Total Funding
	_		participants	Т	arget	Target
	a For	retired participants and beneficiaries receiving payment	0		0	0
	b For	terminated vested participants	1		9798	9798
	C For	active participants	1		1224675	1224675
	d Tota	al	2		1234473	1234473
4	If the p	plan is in at-risk status, check the box and complete lines (a) and (b)				
	a Fun	ding target disregarding prescribed at-risk assumptions	Ш	4a		
		ding target reflecting at-risk assumptions, but disregarding transition rule for p				
		tt-risk status for fewer than five consecutive years and disregarding loading fa		4b		
5	Effecti	ive interest rate		5		6.99%
6	Target	t normal cost		6		0
State	ement l	by Enrolled Actuary				
		t of my knowledge, the information supplied in this schedule and accompanying schedules, statements e with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a				
		on, offer my best estimate of anticipated experience under the plan.			. ,	
S	IGN					
Н	ERE				08/07/20)15
		Signature of actuary			Date	
DAV	ID PAV	/EL			14-0268	39
		Type or print name of actuary		Most r	ecent enrollme	nt number
APS	PENSI	ION & FINANCIAL SERVICES			516-228	-8444
		Firm name		elephone		ding area code)
		DBURY RD, STE 310			(5
VVO	ODBOK	RY, NY 11797				
		Addroop of the firm				
		Address of the firm				
	actuary	has not fully reflected any regulation or ruling promulgated under the statute	in completing this sched	ule, check	the box and s	ee

Page	2 -	
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
_							(a)	Carryover balance		(b) F	Prefundi	ng balance
7		•	0 , ,		icable adjustments (line 13 t	•			0			0
8					funding requirement (line 35							
				,	(iiiie 33				0			0
9	Amount	remainir	ng (line 7 minus lin	ne 8)					0			0
10	Interest	on line 9	using prior year's	s actual ret	turn of%				0			0
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Prese	nt value	of excess contrib	utions (line	e 38a from prior year)					223750		
					8a over line 38b from prior yve interest rate of6.70							15126
	b(2) Int	erest on	line 38b from prid	or year Scl	hedule SB, using prior year'	s actual						
					ear to add to prefunding bala							238876
	d Portio	n of (c) t	to be added to pre	efunding ba	alance							238876
12 Other reductions in balances due to elections or deemed elections									238876			
	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0			
	Part III Funding Percentages											
											14	137.67 %
	14 Funding target attainment percentage										15	137.67 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.								121.08 %				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Pa	Part IV Contributions and Liquidity Shortfalls											
18	Contribu	tions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:						
/N/	(a) Date IM-DD-YY		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount pa employer(s	-	(c) Amount paid by employees		
(101	IIVI-DD-1 I	11)	employen	(3)	employees	(IVIIVI-DE	,-1111)	employer(s	•)		empi	Оуссэ
										-		
						Totals ▶	18(b)		0	18(c)		0
19	Discount	ed emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after	the beginning of the	year:			
	a Contri	butions	allocated toward	unpaid min	nimum required contributions	s from prior	years		19a			0
	b Contri	butions	made to avoid res	trictions a	djusted to valuation date				19b			0
	C Contril	butions a	allocated toward mi	inimum req	uired contribution for current	year adjusted	to valuation	n date	19c			0
20		•	utions and liquidit	•								, –
		•	-		the prior year?						<u> </u>	Yes X No
					y installments for the curren	-	-	manner?				Yes No
	C If line	20a is "\	Yes," see instructi	ons and co	omplete the following table a							
		(1) 1s	st .		Liquidity shortfall as of e	end of quarte	er of this plants	an year 3rd			(4) 4th	<u> </u>
		(., 10	· -		(-)		(3)				\., .u	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discou	nt rate:									
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ll yield	curve	e used	
	b Appl	licable month (enter code)			21b				1	
22	Weight	ted average ret	irement age			22				64	
23	Mortali	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te				
Pa	rt VI	Miscellane	ous Items								
24	Has a	change been m	nade in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired			
	attachr	ment							Yes	X No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No	
27		•	o alternative funding rules, ent	ter applicable code and see instruc	ctions regarding	27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0	
29	Discou (line 19	nted employer 9a)	contributions allocated toward	utions from prior years	29				0		
30			unpaid minimum required cor		30				0		
Pa	Part VIII Minimum Required Contribution For Current Year										
31	Target	normal cost a	nd excess assets (see instruct	ions):							
	a Targe	et normal cost	(line 6)			31a				0	
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				0	
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lı	nstallm	ent		
	a Net s	shortfall amortiz	zation installment			0				0	
	b Waiv	er amortization	n installment			0				0	
33				ter the date of the ruling letter grar) and the waived amount		33	0				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0	
				Carryover balance	Prefunding bala	nce	To	tal bala	ance		
35			use to offset funding	0		0				0	
36	Additio	nal cash requir	rement (line 34 minus line 35).		I	36				0	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0	
38	`		ess contributions for current ye			1					
						38a				0	
				prefunding and funding standard c		38b				0	
39				ear (excess, if any, of line 36 over		39				0	
40)	· · · · · · · · · · · · · · · · · · ·	40					
Pa	rt IX			Pension Relief Act of 2010)					
			de to use PRA 2010 funding re		•	•					
				mer for the plan.		П	2 plus 7 yea	rs 「	15 \	years	
				41a was made				2010	_	2011	
42			•	- Ta was made		42	- <u> </u>		ш		
				d over to future plan years		<u> </u>					
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		J 43					

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

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

For the plan year 01/01/2014 through 12/31/2014

Valuation Date: 01/01/2014

Funding Method: As prescribed in IRC Section 430

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

New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

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

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

Segment 3

the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

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

 Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

 Segment #
 Year
 Rate %

 Segment 1
 0 - 5
 4.99

 Segment 2
 6 - 20
 6.32

> 20

6.99

Pre-Retirement - Mortality Table - None

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

Post-Retirement - Mortality Table - 14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

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

or

14E - 2014 Applicable Mortality Table for 417(e) (unisex)

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

October 12, 2015

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

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

For the plan year 01/01/2014 through 12/31/2014

401(a)(26) Testing:

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

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

F	art I Annual Repor	t Identification Information									
Foi	calendar plan year 2014 or t			01/01/2014		and ending	1	12/31/2014			
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report	o D a		oyer plan (not multiemployer) (Filers checking this box must attach a list employer information in accordance with the form instructions)						
		an amended return/report	a	short plan year retu	ırn/ı	report (less than 12	e months	s)			
С	Check box if filing under:	x Form 5558	ш	utomatic extension				DFVC progra	ım		
Г	art II Basic Plan Inf	ormation enter all requested	inform	estion							
_	Name of plan BABU S. BANGARU PE		mom	ation				Three-digit plan number (PN) ► Effective date o	002 f plan		
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BABU S. BANGARU, MD PC							01/01/2003 Employer Ident (EIN) 13-33			
	175 PEACH DRIVE							Sponsor's telep (516) 484- Business code			
_	US EAST HILLS NY 11576	and address X Same as Plan Sp						621111 Administrator's			
							30	Administrator's	telephone number		
4		he plan sponsor has changed since umber from the last return/report.	the la	st return/report filed t	for	this plan, enter the	4b	EIN			
a	Sponsor's name						4c	PN			
5a	Total number of participant	ts at the beginning of the plan year						a	2		
b		ts at the end of the plan year					5	b	2		
С		n account balances as of the end of					5	ic			
d	(1) Total number of active page	articipants at the beginning of the pl	an yea	ır	•••••		5d	l(1)	1		
d	· ,	articipants at the end of the plan yea					5d	I(2)	1		
е	Number of participants that less than 100% vested	t terminated employment during the	plan y	ear with accrued bei	net	its that were		5e	0		
C	aution: A penalty for the lat	e or incomplete filing of this retu	rn/rep	ort will be assessed	d u	nless reasonable	cause i	s established.			
U	nder penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctions	, I declare that I have	e e	examined this return	n/report,	including, if appli	icable, a Schedule ly knowledge and		
9	IGN Jaly - S	· Bayeur	X	2/18/15 X	В	ABU BANGARU,	MD				
1000	ERE Signature of plan ad	Iministrator /		Date	E	nter name of indivi	dual sig	ning as plan adm	inistrator		
5	IGN										
H	IERE Signature of employ			Date	_	nter name of indivi					
Pr	eparer's name (including firm	n name, if applicable) and address;	include	e room or suite numb	ber	(optional)	Pre	parer's telephone	number (optional)		

	Form 5500-SF 2014		Page 2						
6a \	Nere all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					X Yes N	40
	Are you claiming a waiver of the annual examination and report of a								
								XYes N	40
ļ	under 29 CFR 2520.104-46? (See instructions on waiver eligibility al f you answered "No" to either line 6a or line 6b, the plan canno	na condition ot use Forn	18.7						
c l	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 402	1)? .	[Yes	X No [Not determ	nined
Pai	t III Financial Information								
_	Plan Assets and Liabilities	-8-47-8	(a) Beginning of Year		Ī		(b) End of	Year	
-	Total plan assets	7a	1,710,68					1,719,933	
	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c	1,710,68	30				1,719,933	
_	ncome, Expenses, and Transfers for this Plan Year	A CONTRACTOR	(a) Amount				(b) To		
	Contributions received or receivable from:	2 (1)		0	198		Just	5 5 187 5,29	15.0
	1) Employers	8a(1)		0	I GILLEN	AUDIO			
_	2) Participants	8a(2)		0			A STATE OF THE REAL PROPERTY.		
	(3) Others (including rollovers)	8a(3) 8b	9,25		100000	DODA'S			5 671
-	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3,25	A-30-70			Walter or	9,253	100 m
-	Benefits paid (including direct rollovers and insurance premiums	00			(LET SO)	3912	externit	9,253	Dioe I
	o provide benefits)	8d		0	Tests.			Paris (Service)	100
<u>e</u> (Certain deemed and/or corrective distributions (see instructions)	8e		0		2711011	HE TALL		
<u>f</u> /	Administrative service providers (salaries, fees, commissions)	8f		0	7 555				1000
g	Other expenses	8g		0	(647)	E (A)	Kadi - H	m S. Letti All S.	3.4
<u>h</u> 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			0	
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i		1	-		100000000000000000000000000000000000000	9,253	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0	110	117748	No Bre 1		
Par	t IV Plan Characteristics								
9a ı	f the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan Charact	teristic	Code	es in tl	he instruction	ns:	
_	1A 1I 3D								
bΙ	f the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Characte	ristic	Codes	in the	e instruction	s:	
				_					
Par	t V Compliance Questions								
10	During the plan year:			-	Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x			
b	Were there any nonexempt transactions with any party-in-interest								
	on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?	A STATE OF THE PARTY OF THE PAR		10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's			امما		x			
-	or dishonesty?			10d					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all								
	instructions.)			10e		x			
f	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 a	s of year er	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (382
	2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i				I STATE OF STATE	
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "\	es," see instructions and com	plete	Sched	ule SI	B (Form	X Yes] No
11a	Enter the unpaid minimum required contribution for current year fr								0
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
а —	If a waiver of the minimum funding standard for a prior year is being			tions,	and e	nter th	ne date of th	e letter ruling	
-	granting the waiver		Mor	nth _		_ Da	у	Year	

	Form 5500-SF 2014 Page 3-					
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	o line 13.				
b	Enter the minimum required contribution for this plan year		12b			
	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		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes 🗆	No N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Y	s 🗆 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?				Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)), identify the plan(s) t	0			
1	3c(1) Name of plan(s):	13	c(2) EIN	(s)	13c(3) PN(s)	
-	×					
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

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October 12, 2015

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

BABU S. BANGARU MD PC DEFINED BENEFIT PLAN

13-3355383 / 002

For the plan year 01/01/2014 through 12/31/2014

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2014 through 12/31/2014

Employer: BABU S. BANGARU MD PC

Type of Entity - Professional Service Corporation

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

Dates: Effective - 01/01/2003 Year end - 12/31/2014 Valuation - 01/01/2014

Top Heavy Years - 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014

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

Minimum age - 21 Months of service - 12

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

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

Retirement: Normal - Anniversary date nearest attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 12/31/2013

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

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

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

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2014 through 12/31/2014

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.24
Segment 2	6 - 20	4.47
Segment 3	> 20	5.52

Mortality Table - 14E - 2014 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - I83M - 1983 Individual Annuity (male)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Single-Employer Defined Benefit Plan

Actuarial Information

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

		File as an attachme	ent to Form 5500 or	5500-SF.					
For calend	dar plan year 2014 or fiscal p	olan year beginning 01/01	/2014	and endin	g 12/31/201	.4			
	off amounts to nearest do								
▶ Cautio	n: A penalty of \$1,000 will be	e assessed for late filing of this report	unless reasonable ca	_					
A Name of	of plan			B Three-digi					
BABU S.	BANGARU PENSION PL	AN		plan numb	per (PN)	002			
C Plan sp	onsor's name as shown on li	ine 2a of Form 5500 or 5500-SF		D Employer Id	entification Numb	er (EIN)			
•	BANGARU, MD PC			1:	3-3355383				
BABO 3.	BANGARO, IID IC								
E Type of	plan: X Single Multiple	e-A Multiple-B	Prior year plan size:	X 100 or fewer	101-500	More than 500			
Part I	Basic Information	97.							
	r the valuation date:	Month 01 Day 01	Year 2014						
2 Asse		World Supplied	1001	=					
					2a	1,699,555			
					2b	1,699,555			
3 Fund	ling target/participant count b	oreakdown:	(1) Number of	(2) Vested	f Funding	(3) Total Funding			
-	gg		participants	Tar	get	Target			
2 Fo	r ratired participants and ban	neficiaries receiving payment	0		0	(
			1		9,798	9,798			
		nts	1		1,224,675 1,2				
			2		1,234,473				
		ck the box and complete lines (a) and	l (b)		1224	1,234,473			
		escribed at-risk assumptions			4a				
		assumptions, but disregarding transit							
D 1 0	at-risk status for fewer than	five consecutive years and disregarding	ng loading factor .		4b				
5 Effec	tive interest rate				5	6.99 %			
6 Targe	et normal cost				6				
Statement	t by Enrolled Actuary				and an arrate Fresh was	asthand annumention was applied to			
accordance	with applicable law and regulations. I	plied in this schedule and accompanying schedule n my opinion, each other assumption is reasonable	es, statements and attachment e (taking into account the ex	nts, if any, is complete a perience of the plan an	and accurate, Each pre d reasonable expectati	ons) and such other assumptions, in			
	i, offer my best estimate of anticipated	experience under the plan							
SIGN		.OP			00/07/	2001 5			
HERE					08/07/				
		Signature of actuary			Da				
	DAVID PAVEL			. —	14-026				
	•	or print name of actuary INANCIAL SERVICES			Most recent enr				
	APS PENSION & F								
	1000 WOODDING D	Firm name		ıe	lephone number	(including area code)			
	1000 WOODBURY R	D, 31E 310							
	US WOODBURY	NY 11797		_					
		Address of the firm							
If the actua	ry has not fully reflected any	regulation or ruling promulgated under	er the statute in comp	leting this schedu	ile, check the box	and see			
instructions		-							

D	20	۵	2
г	au	e.	4

Schedule SB (Form 5500) 2014

Pa	rt II Beg	inning of Year	Carryov	er and Prefunding Bala	nces							
						(a)	Carryover balance		(b) F	Prefundi	ng balance	
		eginning of prior year			0			0				
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							٥			0	
9								0			0	
10				turn of0.00%				0			0	
11		VANUES AND AND ASSESSMENT OF THE PARTY OF TH			15 8 70 15	分别是是是	57711	extractor	W. MIE	Orași III SVOII și in C		
• •	11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)								223,750			
				8a over line 38b from prior year	HARACINE PROPERTY							
	· ·			ive interest rate of 6.76							15,126	
				hedule SB, using prior year's								
	. ,			sing prior years							0	
											238,876	
		1000		an year to add to prefunding ba							238,876	
40			17.5524	palance		District No.	The state of the s	0		238,876		
_				t line 10 + line 11d line 12)				0			230,070	
				+ line 10 + line 11d - line 12) .								
		unding Percenta								14	137.67 %	
	4 Funding target attainment percentage								15			
	12777-19			ge							137.67 %	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							121.08 %				
17	If the current	value of the assets	of the plan	is less than 70 percent of the	funding t	arget, ente	er such percentage	••••		17	%	
Pa	rt IV C	ontributions an	d Liquic	lity Shortfalls								
18	Contributions	made to the plan fo	r the plan	year by employer(s) and employer	oyees:							
	(a) Date	(b) Amount p		(c) Amount paid by) Date	(b) Amount employe		'		ount paid by loyees	
(IVII	M-DD-YYYY)	employer(s)	employees	(IVIIVI-L	D-YYYY)	employe	51(5)	_	СПР	loyees	
							-					
									_			
_									_			
							-					
	14107 1000	Male Jakoba	93154		Totals	▶ 18(b)			0 18(c)	0	
40	No cursolu	ALC: A CONTROL OF THE						20 VOOR		1		
19				structions for small plan with a			C	19a				
401							0					
b Contributions made to avoid restrictions adjusted to valuation date							1				0	
C Contributions allocated toward minimum required contribution for current year adjusted to variation date												
20 Quarterly contributions and liquidity shortfalls: 2 Did the plan have a "funding shortfall" for the prior year?												
a bid the plan have a fallating shortain for the plan year.												
b if line 20a is Tes, were required quarterly installiments for the outliert your made in a time, many many many												
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							th					

Pa	art V Assumpti	ons Used To Determine	Funding Target and Targ	et Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: 4.99 %				N/A, full yield curve used		
	b Applicable month	21b	1					
22	Weighted average re	etirement age			22	64		
23	Mortality table(s) (se	ee instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	te		
Pai	rt VI Miscellan	eous items						
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment							
			lan year? If "Yes," see instructions					
			Participants? If "Yes," see instruc		attachmer	nt Yes X No		
27 ——			ter applicable code and see instru		27			
Pa	rt VII Reconcil	iation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid minimum red	quired contributions for all prior	years		28	0		
29			d unpaid minimum required contrib		29	0		
30	Remaining amount	of unpaid minimum required co	ntributions (line 28 minus line 29)		30	0		
Pa	rt VIII Minimum	Required Contribution	For Current Year		_			
31	Target normal cost a	and excess assets (see instruc	tions):					
	a Target normal cos	t (line 6)			31a	0		
	b Excess assets, if a	applicable, but not greater than	line 31a		31b	0		
32	Amortization installn	nents:		Outstanding Bala	ance	Installment		
	a Net shortfall amor	tization installment			0	0		
	b Waiver amortization	on installment			0	0		
33	If a waiver has been (Month		nter the date of the ruling letter gra		33	o		
34	Total funding require	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0		
			Carryover balance	Prefunding Bala	ance	Total balance		
35		r use to offset funding	0		0	0		
36	Additional cash requ	uirement (line 34 minus line 35)			36	0		
36 Additional cash requirement (line 34 minus line 35)						0		
38 Present value of excess contributions for current year (see instructions)								
	a Total (excess, if any, of line 37 over line 36)							
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b						0		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0		
40 Unpaid minimum required contributions for all years								
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41	If an election was ma	ide to use PRA 2010 funding re	elief for this plan:					
a Schedule elected								
	b Eligible plan year(s) for which the election in line	41a was made		20	09 2010 2011 2012		
42 Amount of acceleration adjustment								
43	Excess installment a	cceleration amount to be carrie	d over to future plan years		43			