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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Be	nefit Guaranty Corporation	▶ Complete all entries in	accordance with the ins	structions to the Form 5	500-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2014 or fis	scal plan year beginning 01/01/2	014	and ending 12	/31/2014	
A This ret	urn/report is for:	a single-employer plan a one-participant plan the first return/report	of participating emp a foreign plan the final return/repor		dance with the form	
		an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)	
C Check t	oox if filing under:	Form 5558 special extension (enter description)	automatic extension	1	DFVC pre	ogram
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name	of plan	DEFINED BENEFIT PLAN	omaio.		1b Three-digit plan numbe (PN) ▶ 1c Effective da	002
					0	1/01/2009
2a Plan sp KALYANI GA	oonsor's name and ad DDIPATI, M.D., P.L.	dress; include room or suite numb	er (employer, if for a sing	le-employer plan)	(EIN) 2	entification Number 7-0487811
	RT ROAD, SUITE 205	1				elephone number 7-936-2444
LAKE MARY,	FL 32746					de (see instructions) 21111
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrate	or's EIN
name,	EIN, and the plan nur	e plan sponsor has changed since nber from the last return/report.	the last return/report filed	l for this plan, enter the	4b EIN	
a Sponso					4c PN	
_		at the beginning of the plan year				5
		at the end of the plan year			5b	4
comple	ete this item)	account balances as of the end of			5c	
u(1) 10ta	ai number of active par	rticipants at the beginning of the pl	an year		5d(1)	3
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	3
		rminated employment during the p	•	nefits that were	5e	0
Under pena SB or Sche	alties of perjury and otl	or incomplete filing of this return ner penalties set forth in the instru- nd signed by an enrolled actuary, a plete.	ctions, I declare that I hav	e examined this return/re	port, including, if ap	plicable, a Schedule
SIGN	<u> </u>	valid electronic signature.				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN	Oignature of planta	ummotiutoi	Date	Enter name of marvia	idai digilirig do piari	administrator
HERE	0'		Data	Established (Code)		
Preparer's	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address (ir	Date Date	Enter name of individual ber) (optional)		one number (optional)
Γιοραίοι 3	incline (including initial)	ae, ii appiivable) and addiess (ii	islass room of suite num	oc. , (optional)	. roparor s totoph	sile framsor (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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Yes X Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	X No No	ot determir	ned
Par	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		
	Total plan assets	7a	7585	086	-			870141	
	Total plan liabilities	7b	7585					870141	
	Net plan assets (subtract line 7b from line 7a)	7c		,00			(I-) T - (-		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	11	
	(1) Employers	8a(1)	1100	000					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	21	150					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						112150	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	399					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1	196					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						595	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						111555	
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
Part		eature cod	les from the List of Plan Chara	cterist	ı		he instructions	S:	
10	During the plan year:	C 20-2	and an electric and a discount and the		Yes	No	Ar	nount	
	Was there a failure to transmit to the plan any participant contribution 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			
	on line 10a.)			10b		Χ			
<u>C</u>	Was the plan covered by a fidelity bond?			10c	X			11	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the 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 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			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			0
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day		letter rulinç ear	3

	Form 5500-SF 2014	Page 3 - 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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

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

OMB No. 1210-0110 2014

This Form is Open to Public Inspection

	File as an at	ttachment to Form	5500 or 55	00-SF.			
For	calendar plan year 2014 or fiscal plan year beginning 01/01/	/2014		and endin	g 12/31	/2014	
•	Round off amounts to nearest dollar.						
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this	report unless reas	onable caus	e is establishe	d.		
	lame of plan YANI GADDIPATI, M.D., P.L. DEFINED BENEFIT PLAN		E	Three-digi plan numb		•	002
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-S YANI GADDIPATI, M.D., P.L.	F		Employer lo	dentificati 27-0487	on Number (E 311	IN)
Ет	ype of plan: X Single Multiple-A Multiple-B	F Prior year pla	an size: X	100 or fewer	101-50	0 More tha	an 500
Pa	art I Basic Information						
1	Enter the valuation date: Month 12 Day _	31 Year _	2014				
2	Assets:						
	a Market value				. 2a		760141
	b Actuarial value				. 2b		760141
3	Funding target/participant count breakdown		` '	mber of cipants	,	ed Funding rget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment			0		0	0
	b For terminated vested participants			1		219380	219380
	c For active participants			3		511498	511498
	d Total			4		730878	730878
4	If the plan is in at-risk status, check the box and complete lines ((a) and (b)]			
	a Funding target disregarding prescribed at-risk assumptions	. , . , . ,	<u> </u>	ı	. 4a		
	b Funding target reflecting at-risk assumptions, but disregarding at-risk status for fewer than five consecutive years and disr	g transition rule for p	olans that ha	ave been in	4b		
5	Effective interest rate				. 5		6.37%
6	Target normal cost				. 6		103118
Stat	ement by Enrolled Actuary						
a	To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is combination, offer my best estimate of anticipated experience under the plan.	ng schedules, statements s reasonable (taking into a	and attachment account the expe	ts, if any, is complet erience of the plan a	e and accura ind reasonat	ate. Each prescribe ble expectations) a	ed assumption was applied in and such other assumptions, in
	SIGN ERE					09/09/20	15
	Signature of actuary					Date	
ELA	INE A. SCOTT					14-0423	34
	Type or print name of actuary				Most re	cent enrollme	nt number
PEN	ISION INVESTORS CORPORATION					407-875	-3332
	Firm name E CENTRAL PKWY STE 3040 AMONTE SPRINGS, FL 32701			Tel	ephone r	umber (includ	ling area code)
	Address of the firm						
	actuary has not fully reflected any regulation or ruling promulgate	ed under the statute	in completing	ng this schedul	e, check t	the box and se	ee 🔲

Page :	2 -	•
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Schedule SB (Form 5500) 2014

Pa	art II	Begir	nning of Year	Carryov	er and Prefundii	ng Ba	alances						
	•						-	(a) (Carryover balance		(b) F	Prefundi	ng balance
7		-			cable adjustments (lin		•			0			52646
0										0			32040
8				•	unding requirement (I					0			0
9										0			52646
10	Interest	on line 9	using prior year's	actual ret	urn of <u>0.03</u> %					0			16
11	Prior ye	ar's exce	ess contributions to	o be added	d to prefunding balanc	e:							
	a Prese	nt value	of excess contribu	utions (line	38a from prior year).								113
					Ba over line 38b from ye interest rate of								0
	b(2) In	terest or	n line 38b from prid	or year Sch	nedule SB, using prior	year's	actual						
					ear to add to prefunding								0
	_				·		-						113
	d Portion	on of (c)	to be added to pre	efunding ba	alance	•••••							0
12	12 Other reductions in balances due to elections or deemed elections								0				
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							52662						
P	art III	Fun	ding Percenta	ages									
14	Funding	target a	attainment percent	age								14	96.33 %
15	15 Adjusted funding target attainment percentage								101.55 %				
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								102.27 %				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
Pi	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contribu	utions ma	ade to the plan for	the plan y	ear by employer(s) ar	nd emp	oloyees:						
(N/	(a) Date 1M-DD-Y		(b) Amount pa employer((c) Amount paid to employees	ру	(a) [(MM-DD		(b) Amount pa employer((0		int paid by oyees
,	9/03/2015		employer	110000	employees	0	(IVIIVI-DD	-1111)	employer	3)		СПР	oyees
- 00	700/2010			110000		0							
							Totals ▶	18(b)		110000	18(c)		0
19	Discoun	ited emp	loyer contributions	s – see ins	tructions for small pla	n with	a valuation	date after th	ne beginning of the	e year:			
	a Contr	ibutions	allocated toward u	unpaid min	imum required contrib	outions	from prior y	ears		19a			0
	b Contributions made to avoid restrictions adjusted to valuation date												
	C Contr	ibutions a	allocated toward mi	nimum req	uired contribution for cu	ırrent y	ear adjusted	to valuation	n date	19c			105516
20	Quarterly contributions and liquidity shortfalls:												
	a Did th	ne plan h	nave a "funding sh	ortfall" for t	the prior year?							[Yes X No
	b If line	20a is "	Yes," were require	ed quarterly	y installments for the o	curren	t year made	in a timely	manner?				Yes No
	C If line	20a is "	Yes," see instructi	ons and co	emplete the following t								
		(4) 4	-4		Liquidity shortfall a	as of e	nd of quarte		_ ·	1		(4) 441	
		(1) 19	ડ ા		(2) 2nd			(3)	3rd			(4) 4th	1

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				0		
22	Weight	ted average ret	irement age			22						
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te					
Pa	rt VI	Miscellane	ous Items									
24				uarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired				
		-							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, ent	er applicable code and see instruc	tions regarding	27		<u> </u>				
	attachr	ment				. 21						
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 a)	utions from prior years	29				0				
30				ntributions (line 28 minus line 29)		30				0		
Pa	rt VIII	Minimum										
31			nd excess assets (see instruct									
	a Targe	et normal cost	(line 6)			31a				103118		
			·	line 31a		31b				0		
32		zation installme	<u> </u>		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		33				0		
34	•			er/prefunding balances (lines 31a -						103118		
	Totalite	anding requirer	nent before remoding earry eve	Carryover balance	Prefunding bala		To	tal bala	ance	103110		
25	Dalana		una ta affa at fi un dinan	CarryOver balance	1 Totaliang bala	1100		tai bai	ance			
35			use to offset funding	0		0				0		
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				103118		
37	Contrib (line 19	outions allocate 9c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				105516		
38	Presen	nt value of exce	ess contributions for current ye	ar (see instructions)								
						38a				2398		
-				prefunding and funding standard c		38b				0		
39				ear (excess, if any, of line 36 over		39				0		
40		·)		40						
Pa	t IX			Pension Relief Act of 2010)						
			de to use PRA 2010 funding re			•						
	a Sche	dule elected					2 plus 7 yea	rs	15	years		
	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		43						

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

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

the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I Annual Report	t Identification Information				
For	calendar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/2014	
	his return/report is for: his return/report is:	x a single-employer plan a one-participant plan the first return/report		plan (not multiemployer) oyer information in accor	-	
	Ψ	an amended return/report	a short plan year reti	urn/report (less than 12 n	nonths)	
C	Check box if filing under:	x Form 5558 special extension (enter descrip	automatic extension otion)		DFVC pro	gram
Pa	rt II Basic Plan Inf	ormation enter all requested in	nformation			
1a	Name of plan Kalyani Gaddipati,	M.D., P.L. Defined Bene	fit Plan		1b Three-digit plan number (PN) ▶	002
					1c Effective dat 01/01/20	-
2a	Plan sponsor's name and a Kalyani Gaddipati,	address; include room or suite number M.D., P.L.	er (employer, if for a sing	le-employer plan)	<u> </u>	entification Number
	917 Rinehart Road, Suit	e 2051			2c Sponsor's te (407) 93	6-2444
	US Lake Mary FL 32746				2d Business co 621111	de (see instructions)
3a	Plan administrator's name	and address X Same as Plan Spo	nsor Name		3b Administrato	r's EIN
					3c Administrato	or's telephone number
4		he plan sponsor has changed since tumber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	
а	Sponsor's name	ambor nom are recurrence			4c PN	
 5a	Total number of participant	s at the beginning of the plan year .			5a	5
b	Total number of participant	s at the end of the plan year			5b	4
C		n account balances as of the end of t			5c	
d(1) Total number of active pa	articipants at the beginning of the pla	n year		5d(1)	3
d(2) Total number of active pa	articipants at the end of the plan year			5d(2)	3
е	Number of participants that less than 100% vested .	t terminated employment during the p	olan year with accrued be	enefits that were	5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca	ause is established	L .
SB	der penalties of perjury and or Schedule MB completed ief, it is true, correct, and co	other penalties set forth in the instruct and signed by an enrolled actuary, a emplete.	ctions, I declare that I ha as well as the electronic	ve examined this return/r rersion of this return/repo	report, including, if a ort, and to the best c	pplicable, a Schedule f my knowledge and
- C	GN Sada	war	10/8-116	Kalyani Gaddipa	ati, MD	
	ERE Signature of plan ad	/ ministrator	Date	Enter name of individu	ual signing as plan a	dministrator
	GN / Gaddi	rah	10/8/15	Kalyani Gaddipa	ati, MD	
1,370,781	ERE Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as emplo	yer or plan sponsor
Pre		n name, if applicable) and address; ir	nclude room or suite num	ber (optional)	Preparer's telepho	one number (optional)

	Form 5500-SF 2014		Page 2					
 6а	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)					X Yes No
_	Are you claiming a waiver of the annual examination and report of a		•					francis
	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					
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 402	21)? .	[Ye	s X No	Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	<u> </u>			(b) End of	Year
<u>a</u>	Total plan assets	. 7a	758,5	86	ļ			870,141
b	Total plan liabilities	. 7b		0	<u> </u>			
	Net plan assets (subtract line 7b from line 7a)	. 7c	758,5	86	ļ			870,141
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		H 5400	na Švistevi	(b) To	tal
	(1) Employers	. 8a(1)	110,0	00				
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b	2,1	50	\$3000 fr \$3000 fr			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						112,150
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3:	99				
	Certain deemed and/or corrective distributions (see instructions)	1						
	Administrative service providers (salaries, fees, commissions)	. 8f	1	96				
	Other expenses	. 8g		0	40000			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	1						595
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					***************************************	111,555
j	Transfers to (from) the plan (see instructions)	. 8j						
Pa	rt IV Plan Characteristics							
Deer street	1A 1I 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	is:
	rt V Compliance Questions		· · · · · · · · · · · · · · · · · · ·			l	1 _	
10	During the plan year:	utiona withi	n the time period described in	т	Yes	No	Α	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-interes on line 10a.)	•	•	10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			110,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х		
е	Were any fees or commissions paid to any brokers, agents, or ot							
	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 pla			10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	·		10g		х		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			A		
i	If 10h was answered "Yes," check the box if you either provided to	the require	d notice or one of the	10h				
Pai	exceptions to providing the notice applied under 29 CFR 2520.10 † VI Pension Funding Compliance	11-3		10i				
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							X Yes No
118	Enter the unpaid minimum required contribution for current year f					Ī		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			J. 000		7_ 01		
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amortiz	red in this plan year, see instruc					

	Form 5500-SF 2014 Page 3-				
lf y	ou 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 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?		☐ Ye	es X N	0
	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 uno 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), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to			
1	I3c(1) Name of plan(s):	13c	(2) EIN((s)	13c(3) PN(s)
	·				
Part	VIII Trust Information (optional)				
14a I	Name of trust		14b T	rust's EIN	
		ľ			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

	▶ File as an attachm	ent to Form 5500 or			
For	calendar plan year 2014 or fiscal plan year beginning 01/01	./2014	and ending	12/31/20	014
▶F	Round off amounts to nearest dollar.				
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reasonable ca		·	
	ame of plan		B Three-digit		
Kal	yani Gaddipati, M.D., P.L. Defined Benefit Plan		plan numbe	er (PN)	002
C P	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	ntification Num	nber (EIN)
Kal	yani Gaddipati, M.D., P.L.		27	-0487811	
Ет	ype of plan: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer □	101-500	More than 500
Pa	rt I Basic Information				
1	Enter the valuation date: Month 12 Day 31	Year 2014			
2	Assets:				
_	a Market value			2a	760,141
	b Actuarial value			2b	760,141
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ	~-	(3) Total Funding Target
		0		0	0
	a For retired participants and beneficiaries receiving payment	1	 	219,380	219,380
	b For terminated vested participants	3	 	511,498	511,498
	C For active participants	4		730,878	730,878
	d Total		<u> </u>	730,070	,30,0,0
4	a Funding target disregarding prescribed at-risk assumptions		_	4a	
	b Funding target reflecting at-risk assumptions, but disregarding trans		 -		
	at-risk status for fewer than five consecutive years and disregarding	ing loading factor		4b	
5	Effective interest rate			5	6.37 %
6	Target normal cost			6	103,118
To acc con	ement by Enrolled Actuary the best of my knowledge, the information supplied in this schedule and accompanying schedulordance with applicable law and regulations. In my opicion sect office assumption is reasonable in the plan.	les, statements and attachments and tachments and telephone (taking into account the exp	nts, if any, is complete and perience of the plan and	nd accurate. Each preasonable expect	oresribed assumption was applied in ations) and such other assumptions, in
	IGN			00/00	. /004 =
	ERE			• • •	9/2015
	Signature of actuary				Date
	Elaine A. Scott		-	14-04	
	Type or print name of actuary				nrollment number
	Pension Investors Corporation			(407) 8'	
	Firm name		Tele	epnone numbe	er (including area code)
	220 E Central Pkwy Ste 3040				
	US Altamonte Springs FL 32701				
	Address of the firm		-		
	actuary has not fully reflected any regulation or ruling promulgated uncuctions	der the statute in comp	leting this schedul	e, check the b	ox and see

Pa	n	e	2

Schedule	SB	(Form	5500)	2014

7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
prior year) 0 52,646 Amount remaining (line 7 minus line 8) 0 52,646 Interest on line 9 using prior year's actual return of 0.03% 0 16 Interest on line 9 using prior year's actual return of 0.03% 0 16 Prior year's excess contributions to be added to prefunding balance: a Present value of excess, if any, of line 38a from prior year) 113 b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of 6.19 % b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return 15 c Total available at beginning of current plan year to add to prefunding balance 17 d Portion of (c) to be added to prefunding balance 17 Other reductions in balances due to elections or deemed elections 19 Part III Funding Percentages 14 Funding target attainment percentage 15 If Prior year's funding target attainment percentage 15 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 16 Part IV Contributions and Liquidity Shortfalls
10 Interest on line 9 using prior year's actual return of
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year) b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.19 % b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return c Total available at beginning of current plan year to add to prefunding balance d Portion of (c) to be added to prefunding balance 12 Other reductions in balances due to elections or deemed elections 0 0 52,662 Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17 Value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 18 Part IV Contributions and Liquidity Shortfalls
a Present value of excess contributions (line 38a from prior year) b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.19 % b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return C Total available at beginning of current plan year to add to prefunding balance d Portion of (c) to be added to prefunding balance 12 Other reductions in balances due to elections or deemed elections 0 0 52,662 Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17 % Part IV Contributions and Liquidity Shortfalls
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.19 % b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return c Total available at beginning of current plan year to add to prefunding balance d Portion of (c) to be added to prefunding balance 12 Other reductions in balances due to elections or deemed elections 0 52,662 Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17 V Contributions and Liquidity Shortfalls
Schedule SB, using prior year's effective interest rate of 6.19 % b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return C Total available at beginning of current plan year to add to prefunding balance d Portion of (c) to be added to prefunding balance 0 12 Other reductions in balances due to elections or deemed elections 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 15 Adjusted funding target attainment percentage 15 Io1.55 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 16 Io2.27 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17 % Part IV Contributions and Liquidity Shortfalls
return C Total available at beginning of current plan year to add to prefunding balance
d Portion of (c) to be added to prefunding balance
12 Other reductions in balances due to elections or deemed elections
12 Other reductions in balances due to elections or deemed elections
Part III Funding Percentages 14 Funding target attainment percentage
Part III Funding Percentages 14 Funding target attainment percentage
14 Funding target attainment percentage
15 Adjusted funding target attainment percentage
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage
Part IV Contributions and Liquidity Shortfalls
1000 margarete m
18 Contributions made to the plan for the plan year by employer(s) and employees:
(a) Date (b) Amount paid by (c) Amount paid by (d) Date (b) Amount paid by (c) Amount paid by (mM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees
09/03/2015 110,000
Totals ► 18(b) 110,000 18(c) 0
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
E contributions made to avoid restrictions adjusted to variation and
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 105,516
Quarterly contributions and liquidity shortfalls:
a Did the plan have a "funding shortfall" for the prior year?
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) 100 (4) 401

Pa	art V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used
	•	4.99 %	6.32 %	6.99 %		
			• • • • • • • • • • • • • • • • • • • •		21b	0
					22	62
23	Mortality table(s) (see	e instructions) X P	rescribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI Miscellane	eous items		-		
24	•		ctuarial assumptions for the current	• •		• •
				· · · · · · · · · · · · · · · · · · ·		
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No
			e Participants? If "Yes," see instruc		attachme	nt
27	•		nter applicable code and see instru		27	
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid minimum req	uired contributions for all prior	years		28	0
29			d unpaid minimum required contrib		29	0
30			ontributions (line 28 minus line 29)		30	O
Pa	rt VIII Minimum	Required Contribution	For Current Year			<u> </u>
31	Target normal cost a	nd excess assets (see instruc	etions):			
					31a	103,118
			line 31a		31b	0
32	Amortization installm			Outstanding Bala	ince	Installment
					0	0
	b Waiver amortizatio	on installment			0	0
33			nter the date of the ruling letter gra		33	0
) and the waived amount .			
	l otal funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1	34	103,118
			Carryover balance	Prefunding Bala	ince	Total balance
35	_ ,	use to offset funding	0		0	0
36)	<u> </u>	36	103,118
37			contribution for current year adjuste	***************************************		103,116
31		•			37	105,516
38	Present value of exc	ess contributions for current y	ear (see instructions)			
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	2,398
	b Portion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b	0
39	Unpaid minimum req	quired contribution for current	year (excess, if any, of line 36 over	line 37)	39	0
40	Unpaid minimum req	quired contributions for all yea	rs		40	
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions))	
41	If an election was made	de to use PRA 2010 funding r	elief for this plan:			
					[2 plus 7 years 15 years
	b Eligible plan year(s	s) for which the election in line	41a was made		. 20	09
42					42	
			ed over to future plan years		43	
	······································					· · · · · · · · · · · · · · · · · · ·

Schedule SB, Part V Summary of Plan Provisions

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002

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

Employer: Kalyani Gaddipati, M.D., P.L.

Type of Entity - Limited Liability Company (LLC)

EIN: 27-0487811 TIN: 27-1573108 Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2009 Year end - 12/31/2014 Valuation - 12/31/2014

Top Heavy Years - 2009, 2010, 2011, 2012, 2013, 2014

Eligibility: All employees excluding non-resident aliens 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 - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

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 12/31/2014

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

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

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

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

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50% or 75% 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 except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 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	1.25
Segment 2	6 - 20	4.57
Segment 3	> 20	5.60

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 - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002

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

12/31/2014 Valuation Date:

As prescribed in IRC Section 430 **Funding Method:**

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

Retrospective Compensation - Highest 3 consecutive years of participation

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

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.20
Segment 2	6 - 20	4.10
Segment 3	> 20	5.20

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 -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

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

Segment 3

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

Schedule SB, line 19 - Discounted Employer Contributions

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002

For the plan year 01/01/2014 through 12/31/2014 Valuation Date: 12/31/2014

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/03/2015	\$110,000					
Applied to Additional Contribution	12/31/2014	2,500	2,398	0	0	6.37	0
Applied to MRC	12/31/2014	107,500	103,118	0	0	6.37	0
Totals for Deposited Contribution		\$110,000	\$105,516	\$0	\$0		

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

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 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, line 26 -Schedule of Active Participant Data Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811/002 For the plan year 01/01/2014 through 12/31/2014

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34			1							
35 to 39										
40 to 44										
45 to 49			1							
50 to 54			1							
55 to 59										
60 to 64										
65 to 69										
70 & up										