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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information				
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/20	14	and ending 12	2/31/2014	
Δ This ro	turn/report is for:	a single-employer plan		er plan (not multiemployer) nployer information in acco		
71 1111510	itani, roport io ior.	a one-participant plan	a foreign plan	ipioyer imermation in accor	dance with the i	om mondonoro,
R This ret	urn/report is	the first return/report	the final return/rep	ort		
D 11113 1Ct	din/report is	an amended return/report		eturn/report (less than 12 n	nonths)	
				etum/report (less than 12 h		
C Check	box if filing under:	X Form 5558	automatic extensi	on	DFVC	program
		special extension (enter descri	ption)			
Part II	Basic Plan Inf	ormation—enter all requested info	ormation			
1a Name					1b Three-di	~
ANNA FIEL	DMAN, MD PC DEFI	NED BENEFIT PLAN			plan nun (PN) ▶	nber 001
					1c Effective	
					10 Lilective	01/01/2006
2a Plan s	sponsor's name and a	address; include room or suite numbe	r (employer, if for a sir	igle-employer plan)		r Identification Number
AININA FIELL	DIVIAIN, IVID PC				(EIN)	11-3595664
107-21 QUF	ENS BLVD. SUITE 1					's telephone number 718-520-0770
	LLS, NY 11375				2d Business	s code (see instructions)
						621111
3a Plan a	administrator's name	and address Same as Plan Spons	or.		3b Administ	rator's EIN
name	e, EIN, and the plan n	he plan sponsor has changed since to umber from the last return/report.	ne last return/report file	ed for this plan, enter the	4b EIN	
	sor's name				4c PN	
		ts at the beginning of the plan year				2
		ts at the end of the plan year			. 5b	3
		h account balances as of the end of the			. 5c	C
d(1) Tot	tal number of active p	participants at the beginning of the pla	n year		5d(1)	2
d(2) To	tal number of active p	participants at the end of the plan yea	r		5d(2)	3
		terminated employment during the pl	•	penefits that were	5e	1
Caution:	A penalty for the late	e or incomplete filing of this return	report will be assess	sed unless reasonable ca	use is establish	ned.
Under pen SB or Sch	alties of perjury and	other penalties set forth in the instruct and signed by an enrolled actuary, as	ions, I declare that I h	ave examined this return/re	port, including, i	f applicable, a Schedule
SIGN		d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as p	lan administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as e	mployer or plan sponsor
Preparer's		name, if applicable) and address (inc	clude room or suite nu			ephone number (optional)

	Form 5500-SF 2014		Page 2				
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 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 cannot be a considerable with the con	an indeper and conditi	ident qualified public accounta	nt (IC	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information	1			-		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	8838				1072521
<u>b</u>	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7с	8838	35			1072521
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	1400	000			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	516	640			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					191640
	Benefits paid (including direct rollovers and insurance premiums		20	954			
	to provide benefits)	8d	23	0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g 8h					2954
	Net income (loss) (subtract line 8h from line 8c)	8i					188686
	Transfers to (from) the plan (see instructions)	8j		0			
Par		oj					
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X	0
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	0
c	Was the plan covered by a fidelity bond?			10c		X	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X	0
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х	0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		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.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Actuarial Information Department of the Treasury

> 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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

Fc	or calendar	plan year 2014	1 or fiscal plan y	ear beginning	01/01/2014		and endir	ng 12/3	1/2014	
			nearest dollar.							
•	Caution:	A penalty of \$1	1,000 will be ass	essed for late filing	g of this report unless	reasonable cause	e is establishe	ed.		
	Name of p					В	Three-dig	it		001
A۱	NNA FIELD	MAN, MD PC I	DEFINED BENE	FII PLAN			plan num	ber (PN)	•	001
_	Dlan anon	nor's name as	shown on line 2	a of Form 5500 or	EE00 SE	D	Employer	dontificati	on Number (E	:INI\
		MAN, MD PC	SHOWIT OIT IIITE 26	a or Form 5500 or	5500-SF	ا	Employer	11-3595		ill v)
7 (1	WWW.	Wir art, Wild T G						11 0000	004	
_	T a f mla	n. V Cinale	D Maritimin A	□ Multiple D	E Drianus	ar plan size: X 1	00 == f==	П 404 50)O	500
	Type of pla	n: X Single	Multiple-A	Multiple-B	F Prior ye	ar plan size: X 1	00 or fewer	101-50	00 More th	an 500
P	art I	Basic Inforr	mation							
1	Enter th	e valuation dat	e: N	Month	Day Y	ear <u>2014</u>				
2	Assets:									
	a Marke	et value						2a		883554
	b Actua	rial value						2b		883554
3	Funding	target/particip	ant count break	down		(1) Nur	nber of	(2) Vest	ed Funding	(3) Total Funding
	_					partici	pants	Ta	arget	Target
	a For re	tired participar	nts and beneficia	ries receiving pay	ment		0		0	0
	b For te	erminated veste	ed participants				0		0	0
	C For a	ctive participan	ts				3		508051 51	
	d Total.						3		508051	517263
4	If the pla	an is in at-risk s	status, check the	box and complete	e lines (a) and (b)	П				
·					ions	ш		4a		
	_		· · · · · · · · · · · · · · · · · · ·	•	garding transition rule					
					and disregarding loadir			4b		
5	Effective	e interest rate .						5		5.98%
6	Target r	normal cost						6		11633
Sta	atement by	/ Enrolled Act	uary					'		
										ed assumption was applied in and such other assumptions, in
				erience under the plan.	amprior to roadonable (talling	, me account are exper	iones of the plant	arra roadoria	oro oripootationo, a	and oder earler decampaierie, in
į	SIGN									
ŀ	HERE								09/29/20)15
			Signa	ture of actuary					Date	
DE	BORAH S	MIST	-	•					14-0468	81
		-	Type or pr	int name of actuar	/			Most re	cent enrollme	
Gl	JARDIAN L	IFE INS. CO. (•••	•					413-499)-4321
				ïrm name			Te	lephone r		ding area code)
70	0 SOUTH	STREET	·						(
PΓ	i iSFIELD,	MA 01201								
			* • •	6.0						
			Addı	ess of the firm						
		nas not fully ref	lected any regul	ation or ruling pror	nulgated under the sta	atute in completin	g this schedu	le, check	the box and s	ee
inst	ructions									ш

Page 2	2 -	1
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Pa	art II E	eginning of Year	Carryov	er and Prefunding Ba	alances							
						(a) (Carryover balance		(b) F	Prefundin	g balan	ice
		,		cable adjustments (line 13 f	•			0				0
8		•	-	unding requirement (line 35				0				0
9	Amount re	maining (line 7 minus li	ine 8)					0				0
10	Interest or	line 9 using prior year	's actual retu	urn of <u>0.00</u> %				0				0
11	Prior year'	s excess contributions	to be added	to prefunding balance:								
	a Present	value of excess contrib	outions (line	38a from prior year)								49681
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 of5.90 %												2931
	b(2) Inter	est on line 38b from pr	edule SB, using prior year's	actual -								
		mof cu								0		
C Total available at beginning of current plan year to add to prefunding bala												52612
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	14 Funding target attainment percentage									14	170).81 %
15 Adjusted funding target attainment percentage										15	170).81 %
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	155	5.38 %
17	If the curre	ent value of the assets	of the plan is	s less than 70 percent of the	e funding targ	get, enter s	uch percentage			17	(0.00 %
Pa	art IV	Contributions an	d Liquidi	ity Shortfalls								
18	Contribution			ear by employer(s) and emp	oloyees:							
(N	(a) Date IM-DD-YYY	Y) (b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-	Date (b) Amount paid by employer(s)			(c) Amount paid by employees			у
02	2/27/2015		23702	0								
07	7/08/2014		30000	0								
10)/27/2014		30000	0								
	2/23/2014		50000	0								
03	3/04/2015		6298	0								
					Totala b	40(h)		2000	40/5			•
40					Totals ▶	18(b)		0000	18(c)			0
19				ructions for small plan with								
	_		·	mum required contributions			 	9a 9b				0
				justed to valuation date				9c				0
20				uired contribution for current y	ear adjusted	to valuation	rdate	3 C				133015
20		contributions and liquiding shap have a "funding sh	-	he prior year?						П	Yes	X No
		_		installments for the current						=	Yes	╡
				mplete the following table a	-	-	aiiiici			Ц	168	No
	Un line 20	oa is Tes, See Histruct	ions and co				n vear					
Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4)												
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4th		
	(1) 1st 0		(2) 2nd 0		(3)	3rd 0			(4) 4th	0	

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	ıll yield	curve	e used		
	b Appl	licable month (enter code)			21b				0		
22	Weight	ted average ret	irement age			22				61		
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous Items									
24				uarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	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		<u> </u>	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>				
	attachn	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		28				0			
29	Discou (line 19	nted employer a)	contributions allocated toward	unpaid minimum required contrib	utions from prior years	29				0		
30			unpaid minimum required cor		30				0			
Pa	rt VIII	Minimum	Required Contribution	For Current Year								
31			nd excess assets (see instruct									
	a Targe	et normal cost	(line 6)			31a				11633		
	_		·	line 31a		31b				11633		
32		zation installme	<u> </u>		Outstanding Bala	ance	Installment					
	a Net s	shortfall amortiz	zation installment			0						
	b Waiv	er amortization	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>	Ů,	Carryover balance	Prefunding bala	nce	To	otal bala	ance			
35	Ralanc	es elected for i	use to offset funding	,	3							
00				0		0				0		
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0		
37	Contrib (line 19	outions allocate 9c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				133015		
38	Presen	nt value of exce	ess contributions for current ye	ar (see instructions)								
	a Total	(excess, if any	y, of line 37 over line 36)			38a				133015		
	b Portion	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	3		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									
	a Sche	edule elected					2 plus 7 yea	ars	15	years		
	b Eligik	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		 						

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).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachment	t to Form 5500 or	5500-SF.	Parata Parata			
For calendar plan year 2014 or fiscal plan year beginning 1/1/2014		and end	ng 12/	31/2014		
Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be assessed for late filing of this report un	less reasonable ca	use is establish	ed.	***************************************		
A Name of plan		B Three-di	git	1	004	
Anna Fieldman, MD PC Defined Benefit Plan		plan num	iber (PN)	>	001	_
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identifica	tion Number (EIN)	
Anna Fieldman, MD PC				113595664		
E Type of plan: Single Multiple-A Multiple-B F Prio	or year plan size: 🗴	100 or fewer	101-5	00 More t	nan 500	***************************************
Part I Basic Information						
1 Enter the valuation date: 1/1/2014		************				
2 Assets:					***************************************	
a Market value ,			. 2a		88355	4
b Actuarial value			. 2b		88355	4
3 Funding target/participant count breakdown	1	lumber of ticipants		ted Funding arget	(3) Total Fu Target	
a For retired participants and beneficiaries receiving payment		0		0	0	
b For terminated vested participants	a variable and a vari	0		0	0	
C For active participants	,	3	50	8051	51726	3
d Total.		3	50)8051	517263	
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	,		. 4a	**************************************		***************************************
b Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding to			4b			
5 Effective interest rate			. 5		5.98	%
6 Target normal cost			. 6		11633	***************************************
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, accordance with applicable law and regulations, in my opinion, each other assumption is reasonable (tombination, offer my best estimate of anticipated experience under the plan.						
SIGN / 1/5				9/3/2015		
Signature of actuary				Date		
49681				1404681		
Type or print name of actuary			Most re	ecent enrollme	nt number	
Guardian Life Ins. Co. of America		union commente mineral de la commente de la comment		413499432	21	
700 South Street		Te	lephone i	number (includ	ling area code)	
Pittsfield MA 01201 Address of the firm						
		- L. I	h-h-h-h-h-h-h-h-h-h-h-h-h-h-h-h-h-h-h-		erenelmentelen en inicio e e è contrate de merceno.	
If the actuary has not fully reflected any regulation or ruling promulgated under the instructions	e statute in complet	ing this schedul	e, check	the box and se	e [U

Schedule	SB	(Form	55001	2014

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	The second			lalances	(a) (Carryover balance	(b)	Prefund	ding balance
7		nning of prior year after applic	* '	** *		0		O	
8		for use to offset prior year's fu		1		0	N. 000000000000000000000000000000000000	C)
9	Amount remaini	ng (line 7 minus line 8)			inado addinabere dan adda mada ana	0		C)
10	Interest on line	9 using prior year's actual retu	ım of			0 0			
11	Prior year's exc	ess contributions to be added	to prefunding balance:	ı		- Carabanana Carabana			
	a Present value	of excess contributions (line	38a from prior year)				49681		
		the excess, if any, of line 38 SB, using prior year's effective					1	293	21
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return							200	
	c Total available	at beginning of current plan yea	ar to add to prefunding balai	nce				526	12
	d Portion of (c)	to be added to prefunding bal					0		
12	12 Other reductions in balances due to elections or deemed elections 0								and de la de la lace d
	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							0	
Tra.		ding Percentages					<u> </u>	***************************************	
				********************************				14	170.81 %
	Funding target attainment percentage Adjusted funding target attainment percentage							15	170.81 %
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduc current year's funding requirement.							16	155.38 %
17		ue of the assets of the plan is						17	%
D	art IV Con	***							l
	artiv Lon	tributions and Liquidit	v Shortfalls						
		tributions and Liquidit ade to the plan for the plan ve		olovees:	***************************************				
18		tributions and Liquidit ade to the plan for the plan yea (b) Amount paid by employer(s)		ployees: (a) Do (MM-DD-		(b) Amount paid by employer(s)		•	unt paid by loyees
18 (M	Contributions ma	ide to the plan for the plan ye. (b) Amount paid by	ar by employer(s) and emp	(a) Da				•	. ,
18 (M	Contributions ma (a) Date (M-DD-YYYY)	de to the plan for the plan year (b) Amount paid by employer(s)	ar by employer(s) and emp (c) Amount paid by employees	(a) Da				•	. ,
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014	(b) Amount paid by employer(s)	ar by employer(s) and employer(s) and employees O	(a) Da				•	. ,
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014	de to the plan for the plan year (b) Amount paid by employer(s) 23702 30000	ar by employer(s) and employer(s) and employees 0 0	(a) Da			(•	. ,
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014	(b) Amount paid by employer(s) 23702 30000 30000	ar by employer(s) and employer(s) and employees O O O	(a) Da				•	. ,
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014	(b) Amount paid by employer(s) 23702 30000 30000	ar by employer(s) and employer(s) and employees 0 0 0 0	(a) Da				•	. ,
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015	(b) Amount paid by employer(s) 23702 30000 30000	ar by employer(s) and employer(s) and employees O O O O	(a) Do (MM-DD-	18(b)	employer(s)		•	loyees
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298	ar by employer(s) and employers (c) Amount paid by employees 0 0 0 0 0 uctions for small plan with	(a) Do (MM-DD-	18(b) ate after the	employer(s) 140000 be beginning of the year:		•	loyees
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl a Contributions of	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298	ar by employer(s) and employees (c) Amount paid by employees 0 0 0 0 uctions for small plan with	(a) Do (MM-DD-	18(b) ate after the ears.	140000 beginning of the year:		emp	loyees
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl a Contributions of	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298 Description of the plan year and yea	ar by employer(s) and employees O O O O o o uctions for small plan with num required contributions usted to valuation date	(a) Do (MM-DD-	18(b) ate after the ears.	140000 beginning of the year: 19a 19b			loyèes
(M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl a Contributions a c Contributions a	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298 over contributions – see instruationade to avoid restrictions adjusted	ar by employer(s) and employees O O O O o o uctions for small plan with num required contributions usted to valuation date	(a) Do (MM-DD-	18(b) ate after the ears.	14000(be beginning of the year: 19a 19b		0 0	loyèes
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl a Contributions a b Contributions a Quarterly contrib	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298 over contributions – see instruational decated toward unpaid minimate to avoid restrictions adjullocated toward minimum requires	ar by employer(s) and employees (c) Amount paid by employees 0 0 0 0 uctions for small plan with num required contributions usted to valuation date	(a) Do (MM-DD- Totals ► a valuation do from prior year adjusted to	18(b) ate after the ears	employer(s) 140000 e beginning of the year: 19a 19b date 19c) 18(c)	0 0	loyèes
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl a Contributions a c Contributions a Quarterly contribut a Did the plan ha b If line 20a is "Y	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298 byer contributions – see instruallocated toward unpaid minimade to avoid restrictions adjuited toward minimum requirations and liquidity shortfalls: ave a "funding shortfall" for the fes," were required quarterly in	ar by employer(s) and employees (c) Amount paid by employees 0 0 0 0 uctions for small plan with num required contribution for current year?	(a) Do (MM-DD- (MM-DD- Totals ▶ a valuation do from prior year adjusted to year made in	18(b) ate after the ears.	employer(s) 140000 beginning of the year: 19a 19b date 19c) 18(c)	0 0	loyèes (
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl a Contributions a c Contributions a Quarterly contribut a Did the plan ha b If line 20a is "Y	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298 over contributions – see instruations adjuicted toward unpaid minimade to avoid restrictions adjuicted toward minimum requirutions and liquidity shortfalls: ave a "funding shortfall" for the	ar by employer(s) and employees (c) Amount paid by employees 0 0 0 0 uctions for small plan with num required contributions usted to valuation date	(a) Da (MM-DD- (MM-DD- (MM-DD- a valuation da from prior year ear adjusted to year made in s applicable:	18(b) ate after the ears	employer(s) 140000 be beginning of the year; 19a 19b date 19c) 18(c)	0 0	J Yes No
18 (M	Contributions ma (a) Date (M-DD-YYYY) 2/27/2014 7/8/2014 10/27/2014 12/23/2014 3/4/2015 Discounted empl a Contributions a c Contributions a Quarterly contribut a Did the plan ha b If line 20a is "Y	(b) Amount paid by employer(s) 23702 30000 30000 50000 6298 byer contributions – see instruallocated toward unpaid minimate to avoid restrictions adjuitions and liquidity shortfalls: ave a "funding shortfall" for the fes," were required quarterly in tes," see instructions and com	ar by employer(s) and employees (c) Amount paid by employees 0 0 0 0 uctions for small plan with num required contribution for current year?	(a) Da (MM-DD- (MM-DD- (MM-DD- a valuation da from prior year ear adjusted to year made in s applicable:	18(b) ate after the ears	employer(s) 140000 e beginning of the year: 19a 19b date 19c nanner?) 18(c)	0 0	J Yes K No Yes No

D.	rt V Assumption:	I lead to Datarmina E	unding Target and Targe	at Normal Cost						
21	Discount rate:	o Osco to Determine II	anding ranger and range	st Normal Cost						
***	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment 6.99 %		N/A, full yield curve used				
	b Applicable month (en	ter code)			21b	0				
22	Weighted average retire	ment age			22	61				
23	Mortality table(s) (see in	nstructions) 🗵 Presi	oribed - combined Pre	scribed - separate	Substitu	ite				
Pa	rt VI Miscellaneou	ıs İtems								
24	Has a change been mad attachment	•	rial assumptions for the current	•						
25	Has a method change b	een made for the current plan	year? If "Yes," see instructions	regarding required attac	chment	Yes 😿 No				
26	Is the plan required to p	rovide a Schedule of Active Pr	articipants? If "Yes," see instruc	tions regarding required	attachmeni	tYes 🛭 No				
27		-	applicable code and see instruc		27					
Pa	rt VII Reconciliati	on of Unpaid Minimun	Required Contribution	s For Prior Years						
28	Unpaid minimum require	ed contributions for all prior ye	ars	(100) 11. (11. () /	28	0				
29		ntributions allocated toward u		29	0					
30	Remaining amount of ur	paid minimum required contri		30	0					
Pai	rt VIII Minimum Re	equired Contribution F	or Current Year							
31	Target normal cost and	excess assets (see instruction	ıs):							
	a Target normal cost (lin	e 6)	<		31a	11633				
•	b Excess assets, if appli	cable, but not greater than line	∍ 31a		31b	11633				
32	Amortization installment	S:		Outstanding Bala	ince	Installment				
	_		# - p - v - q v f f f v q v - p - v f - v p - v		0	0				
		stallment			0	0				
33	If a waiver has been app	roved for this plan year, enter	the date of the ruling letter gran) and the waived amount	- · · ·	33					
34	Total funding requirement	nt before reflecting carryover/p	refunding balances (lines 31a -	31b + 32a + 32b - 33)	34	0				
			Carryover balance	Prefunding balar	тсе	Total balance				
35	Balances elected for use requirement	to offset funding	0		0	0				
36	Additional cash requirem	ent (line 34 minus line 35)			36	0				
37		-	ribution for current year adjusted	i	37	134340				
38	Present value of excess	contributions for current year (see instructions)							
	a Total (excess, if any, o	f line 37 over line 36)		////>	38a	134340				
	b Portion included in line	38a attributable to use of pre	funding and funding standard ca	irryover balances	38b	0				
39	Unpaid minimum require	d contribution for current year	(excess, if any, of line 36 over li	ine 37)	39	0				
			v:(*******(*)**({{//}**((***(*/*)*)**)******)).(~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	40	0				
Par	t IX Pension Fu	nding Relief Under Per	sion Relief Act of 2010	(See Instructions)						
41	lf an election was made t	o use PRA 2010 funding reliet	for this plan:							
	a Schedule elected			////		2 plus 7 years 15 years				
	b Eligible plan year(s) for	which the election in line 41a	was made	~~.~	2008	3 2009 2010 2011				
42	Arnount of acceleration a	djustment			42	Company Compan				
43	Excess installment accele	eration amount to be carried o	-><<	43						

Anna Fieldman, MD PC Defined Benefit Plan

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

Plan Name: Anna Fieldman, MD PC Defined Benefit Plan

Plan EIN: 11-3595664 Plan Number: 001

VALUATION AS OF 01/01/2014

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.99%
Second Segment: 6.32%
Third Segment: 6.99%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.25%
Second Segment: 4.06%
Third Segment: 5.08%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2014 417(e)(3) Applicable Mortality Table

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table None

IRC417(e)(3) Retirement Mortality

Mortality Table 2014 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

5% of participants will elect the Plan Normal Form

95% of participants will elect a Lump Sum (single payment)

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5.5% Effective annual rate

Mortality Table 2010 417(e)(3) Applicable Mortality Table

Anna Fieldman, MD PC Defined Benefit Plan

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

Plan Name: Anna Fieldman, MD PC Defined Benefit Plan

Plan EIN: 11-3595664 Plan Number: 001

VALUATION AS OF 01/01/2014

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2014 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5.5% Effective annual rate

Anna Fieldman, MD PC Defined Benefit Plan Schedule SB, Part V - Summary of Plan Provisions Plan Name: Anna Fieldman, MD PC Defined Benefit Plan

Plan EIN: 11-3595664

Plan Number: 001

VALUATION AS OF 01/01/2014

Plan Effective Date January 1, 2006

Plan Anniversary Date January 1, 2014

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date Plan anniversary nearest the satisfaction of the participation requirements

Normal Retirement Date 60th birthday and the completion of 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Retirement Benefit Optional Forms Lump Sum (single payment)

Normal Retirement Benefit 84.746% of compensation

Total retirement benefit reduced by 1/25 for each year of participation less

than 25

IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Plan maximum annual benefit: \$133,068 Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$260,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Qualified pre-retirement survivor annuity is payable to the surviving spouse,

unless waived with spousal consent.

Benefit Amount 0 times the normal retirement benefit

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Exclude service before age 18

Exclude service before effective date

Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Anna Fieldman, MD PC Defined Benefit Plan Schedule SB, Part V - Summary of Plan Provisions Plan Name: Anna Fieldman, MD PC Defined Benefit Plan

Plan EIN: 11-3595664

Plan Number: 001

VALUATION AS OF 01/01/2014

Accrued Retirement Benefit

Pro-rated on participation

Anna Fieldman, MD PC Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Anna Fieldman, MD PC Defined Benefit Plan

Plan EIN: 11-3595664

Plan Number: 001

VALUATION AS OF 01/01/2014

The weighted average retirement age of 61 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Form 5500-SF	Short Form Annu		OMB Nes. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filler	letiremer	1	2014			
Emphyse Berwiis Security Administration	Income Security Act of 1974	internal	i tumbe	This Form is Open to Public Inspection			
Pension Benefit Guszanty Corporation	Complete all entries in a ientification Information	occordance with the Instructions to the Form 5	500-SF.		*		
Part I Annual Report to For calendar pisn year 2014 or fee		1/1/2014 and ending	1	2/31/2014			
	A a single-wmployer plan	a multiple-employer plan (not multiemployer)		•			
A This return/report is for:	a one-participant plan	a foreign plan		4			
B This return/report is	the first return/report	The final return/report					
Differential , :	an amended return/report	ionths)	\$				
C Charles WEEEnwarden	- 7 Form 5568	automatic extension	Г	DFVC progra	et)		
C Check box if filing under: Form 5000 Subtribute Extension subtribute Su				* ;			
Part II. Basic Plan Inform	nation—enter all requested Info	orma förr					
1a Name of plan				hree-digit			
Anna Fieldman, MD PC	Defined Benefit Plan			lan number PN) ►	001		
			J	flective date o	•		
2a Plan soonsor's name and addr	ess: Include room or sulte numbe	r (employer, if for a single-employer plan)	2b Employer Identification Number				
Anna Fieldman, MD PC			(EIN) 113595664				
107-21 Queens Blvd. Suite	1	•	2c S	ponsor's telep 71852i			
Forest Hills	NY		2d 9	usiness code (see Instructions)		
11375			621111 3b Administrator's EIN				
3a Plan administrator's name and	address Abame as Hay Shous	DF2	30 %	Omeranara e i	2014		
	4		3c A	dministrator's t	elephone manber		
				•			
				•			
4 If the name and/or EIN of the p	en sponsor has changed since t	he last return/report filed for this plan, enter the	4b e	<u>:</u> :N	Accessed to the Park of the Control		
name, ElN, and the plan number from the last return/report. 3. Sponsor's name				4¢ PŃ			
5a Total number of participants at	- -	1	2				
b Total number of participants at the end of the plan year				,	3		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not			5c		0		
complete this item) d(1) Total number of active participants at the beginning of the plan year.			5d(1)	i i	2		
d(2) Total number of active participants at the end of the plan year			5d(2	,	3		
Number of perticipents that terminated employment during the plan year with socured benefits that were less than 100% vested			50	-	1		
		fregort will be assessed unless reasonable car					
SB or Schedule MB completed and	signed by an enrolled ectuery, as	fions. I declare that I have examined this return/re swell as the electronic version of this return/repor	port, indi t, and to	ading. If emplic the best of my	able, a Schedule knowledge and		
belief it is too, comes and seepe		19/20/10	***************************************	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
SIGN SHERE		Date/ Enter name of individ	had aten	ing our alast activ	ale lateratur		
Signedure of plan ada		9/20/15	பக்க சுற்றம்		#: ((D11285.3)		
HERRAL TO THE PARTY OF THE PART	vinian enonent	Data Enter name of inclivio	i sal atani	ine me aenekena	r or elan sociesor		
Signature of employer Preparer's name (including farm near		dude (com or suite number) (optional)			number (optional)		
-							
			Proposition and the second				
			(Table)	y 24444			
	ed CNP Perbol Number reaths				Carro Females Pines		

Form 5500-SF 2014		***************************************	Page 2						
Were all of the plan's assets during the Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instruit you answered "No" to either line 6a	examination and report or inctions on waiver eligibility; or line 6b, the plan cann	an inde and con ot use	pendent qualified public accorditions.)	ountan	L(IQPA)		Yes [
e in the process a desiried desirent plan, is it o	overed under the PBGC in	surance	e program (see ERISA section	stead in 4∩2	use Form 550	10. e [7] No	□ Mot determine		
Part III Financial Information		······			·/······ []	2 K1,40	Not determined		
7 Plan Assets and Liabilities		*	(a) Beginning of	Voar		22. h 200			
a Total plan assets	a Total plan assets			883835			(b) End of Year		
b Total plan liabilities		7b		000	0	<u> </u>	1072521		
	C Net plan assets (subtract line 7b from line 7a)		883		······································	1073634			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	883835						
a Contributions received or receivable from: (1) Employers	(1) Employers			***************************************		(0)	Total		
(2) Participants	(2) Participants 8a(1) 8a(2)		140000						
(3) Others (including rollovers).		8a(3)			_0				
b Other income (loss)		8b			0				
C Total income (add lines 8a(1), 8a(2), 8a(3)		8c		516	40				
Benefits paid (including direct rollovers and to provide benefits).	lingurance promises			···			191640		
e Certain deemed and/or corrective distributi	Ann fone levels attend			29	54				
f Administrative service providers (salaries,	ons (see instructions)	8 a		······································	0				
g Other expenses	oes, commissions)	8f			0				
h Total expenses (add lines 8d, 8e, 8f, and 8	*1	8g		· · · · · · · · · · · · · · · · · · ·	0				
Net income (loss) (subtract line 8h from line	861	8h		· ·			2954		
Transfers to (from) the plan (see instruction	Transfers to (from) the plan (see instructions).				0		188686		
9a If the plan provides pension benefits, enter 1A 3D b If the plan provides welfare benefits, enter the plan provides welfare benefits, enter the plan provides welfare benefits.									
					***************************************	***************************************			
morning and plan year.					Yes No		\mount		
29 CFR 2510.3-102? (See instructions and DOI 's Voluntary Figure Computer C				10a			0		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			clude transactions reported	10b	1		0		
C Was the plan covered by a fidelity bond?									
O Did the plan have a loss, whether or not rein	mhuread butha slania funi	at to		10c		****	0		
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some and the persons by an insurance carrier.			10d			0			
***************************************			10e			0			
and plant laned to provide any benefit when due under the plan?			10f	4		0			
Did the plan have any participant loans? (if "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.)			10g	/		0			
If 10h was answered "Yes." check the box if you either provided the			10h		**************************************				
The same of broading the righter applied fill	der 29 CFR 2520.101-3	····	once of one of the	10i	**************************************		•		
art VI Pension Funding Compliance									
Is this a defined benefit plan subject to minim 5500) and line 11a below)						orm [Yes No		
	uit for current year from Sc	rhedule	SB (Form 5500) line 30		44		0		
(If "Yes." complete line 12a or lines 12h 12c	12d and 12a kalass	25					Yes 🗸 No		
a If a waiver of the minimum funding standard for granting the waiver.	r a prior veor le hoine amo	pricable ortized in	n this plan year, see instruction	ons, ai	nd enter the da	ate of the le	etter ruling		

Month

Day

Year

No

No

Form 5500-SF 2014	Page 3 -			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500) and elia to line 43			
b Enter the minimum required contribution for this plan year	sam dood, and skip to tille 13.	12b		Managana
C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12s from the		126		*******************************
d Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)	12d		ميبنبينت	
e Will the minimum funding amount reported on line 12d be met by the funding	<u></u> T	∏ Yes ∏ No ∏ N	/A	
Fart VII Plan Terminations and Transfers of Assets				****
13a Has a resolution to terminate the plan been adopted in any plan year?	I	Yes X No		
it res, enter the amount of any plan assets that reverted to the employer	120			
b Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	control			
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s)	to	Yes X	No
13c(1) Name of plan(s):				
		3c(2) El	IN(s) 13c(3) PN(s	i)
			Anna de la constante de la con	
Part VIII Terrol Info				
Part VIII Trust Information (optional)				**************************************
14a Name of trust		14b Tru	ust's EIN	********

	we we will be a second of the			