### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN **HERE** 

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

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

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

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 SADASHIV S. SHENOY, M. D., PLLC DEFINED BENEFIT PENSION PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SADASHIV S. SHENOY, M.D., PLLC (EIN) 26-4711666 2c Sponsor's telephone number 716-631-8736 78 BROWNSTONE COURT E AMHERST, NY 14051 Business code (see instructions) 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **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 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 11/02/2015 SADASHIV S. SHENOY **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a 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 superior of the contraction of the plan cannot waite the contraction of t	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	nt (IQ d use	PA)  <b>Form</b>	5500.		X	Yes [	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	X No	☐ Not	determ	ined
Par		I								
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	nd of Y		
	Total plan assets	7a	12857	/38					132480	1
	Total plan liabilities	7b	4005	700	_				100100	
	Net plan assets (subtract line 7b from line 7a)	7c	12857	/38					132480	1
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	821	169						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-1	168						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8200°	1
	Benefits paid (including direct rollovers and insurance premiums	80							0200	<u> </u>
	to provide benefits)	8d	429	938						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							42938	3
i	Net income (loss) (subtract line 8h from line 8c)	8i							39063	3
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the insti	ructions	S:	
	1A 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ictions:		
Part	V Compliance Questions									
10					Yes	No		A		
	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		162	NO		Ame	ount	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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				5	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,							
	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	end.)	10g		X				
h		(See instr	uctions and 29 CFR	10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes." see instructions and com	nolete	Schen	lule SF	B (Form			
	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					302 of	ERISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									•
a	If a waiver of the minimum funding standard for a prior year is being			ctions	and e	nter th	atch an	of the le	ttor rulir	na

......Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page <b>3</b> - 1			
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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> 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-SF.			
For	calenda	ar plan year 2014 or fiscal plan year beginning 01/01/2014	and endi	ng <mark>12/3</mark>	31/2014	
		off amounts to nearest dollar.				
_		n: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is establishe	ed.	1	
	Name of	plan S. SHENOY, M. D. , PLLC DEFINED BENEFIT PENSION PLAN	<b>B</b> Three-dig	•		001
JAL	JASHIV	3. SHENOT, W. D. , TEES DET INED BENEFIT TENSION TEAM	plan num	ber (PN)	•	
C F	Plan spo	onsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer	Identificat	tion Number (E	IN)
		S. SHENOY, M.D., PLLC		26-4711		,
ЕТ	ype of p	olan: X Single Multiple-A Multiple-B F Prior year pla	an size: X 100 or fewer	101-5	00 More th	an 500
Pa	art I	Basic Information		<u>  </u>		
1		the valuation date: Month 12 Day 31 Year 2	2014			
2	Assets					
	<b>a</b> Mari	ket value		2a		1242632
	<b>b</b> Actu	uarial value		2b		1242632
3		ng target/participant count breakdown	(1) Number of	(2) Ves	ted Funding	(3) Total Funding
-		-9 9 F F	participants		arget	Target
	<b>a</b> For	retired participants and beneficiaries receiving payment	0		0	0
	<b>b</b> For	terminated vested participants	0		0	0
	<b>C</b> For	active participants	4		1073756	1073756
	<b>d</b> Tota	al	4		1073756	1073756
4	If the	plan is in at-risk status, check the box and complete lines (a) and (b)	П		*	
	<b>a</b> Fun	ding target disregarding prescribed at-risk assumptions	Ш	4a		
		ding target reflecting at-risk assumptions, but disregarding transition rule for p		4b		
		at-risk status for fewer than five consecutive years and disregarding loading fa				
5	Effecti	ive interest rate		5		6.84%
6	Targe	t normal cost		6		112766
		by Enrolled Actuary  t of my knowledge, the information supplied in this schedule and accompanying schedules, statements	and attachments if any is somels		rata Faab mraaarib.	ad annumention was applied in
	accordanc	is of my knowledge, the mornation supplied in this scriedule and accompanying scriedules, 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.				
		in, oner my best estimate or anticipated expenence under the plan.				
	IGN				40/00/00	
П	ERE				10/08/20	115
		Signature of actuary			Date	
STE	PHEN	R. PARKS, MSPA	<del></del>	N41	14-0457	
		Type or print name of actuary		Most r	ecent enrollme	
RE	IREME	NT SYSTEMS OF CALIF., INC.		lankan.	844-604	
210	21 VEN	Firm name TURA BLVD., SUITE 300	le	elepnone	number (includ	ling area code)
		D HILLS, CA 91364				
		Address of the firm				
		has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedu	le, check	the box and se	ee
ınstrı	ıctions					_

Page	2 -	
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Pref	unding Ba	alances							
								(a) (	Carryover balance		(b) F	Prefundi	ng balar	ice
7		•	nning of prior year		•	•	•			0				158695
8			or use to offset pr	•	• .	•				0				0
9	Amount	remainiı	ng (line 7 minus lir	ne 8)						0				158695
10	Interest	on line 9	using prior year's	actual re	turn of0.	<u>53</u> %				0				841
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding	balance:								
	<b>a</b> Prese	nt value	of excess contribu	utions (line	38a from prior	year)								145702
			the excess, if any SB, using prior year											9645
	<b>b(2)</b> Int	terest or	line 38b from prid	or year Scl	hedule SB, usin	g prior year's	actual -							
			at beginning of cur											0
	_		0 0	. ,	•	J								155347
	<b>d</b> Portio	n of (c)	to be added to pre	funding ba	alance									0
12	Other re	ductions	in balances due	to election	s or deemed ele	ections				0				0
13	Balance	at begir	nning of current ye	ar (line 9	+ line 10 + line 1	11d – line 12	)			0				159536
Pa	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age								14	99	9.85 %
15	15 Adjusted funding target attainment percentage								15	111	1.37 %			
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								3.06 %					
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 p	percent of the	e funding targ	jet, enter s	such percentage			17		%
Pá	art IV	Con	tributions an	d Liquid	lity Shortfall	ls								
18	Contribu	itions ma	ade to the plan for			. ,	oloyees:							
(M	(a) Date M-DD-Y)		(b) Amount pa employer		(c) Amount employ		<b>(a)</b> Da (MM-DD-)		<b>(b)</b> Amount pai employer(s	-	(0	Amou) emple	•	у
08	/11/2015			82169		0								
												1		
							Totals ▶	18(b)		82169	18(c)			0
19			-						he beginning of the					
	a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0													
					-				<u> </u>	19b				0
			allocated toward mi			n for current y	ear adjusted t	to valuation	n date	19c				78904
20		-	outions and liquidit	•								<u> </u>	] <sub>Vs -</sub> [	7
			_									<u> </u>	Yes	∐ No
					-		-	-	manner?	····		·····L	Yes	× No
	C If line	∠∪a is "`	Yes," see instructi	ons and co			s applicable: nd of quarter		ın vear					
		(1) 19	st		(2) 2nd		o. quarter	(3)	3rd			(4) 4th	<u> </u>	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment 6.99 %		N/A, fu	ıll yield	curv	e used
	<b>b</b> Appl	licable month (	enter code)			21b				2
22	Weight	ted average ret	tirement age			22	67			
23	Mortali	ty table(s) (see	e instructions) X Pro	escribed - combined Pres	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items			<del></del>				
24				tuarial assumptions for the current	plan vear? If "Yes." see	instructions	regarding re	eauired	<u> </u>	
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				
	attachr	ment	-							
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0
29				d unpaid minimum required contribu		29				0
30	Remaii	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruc							
	<b>a</b> Targe	et normal cost	(line 6)	······································		31a				112766
	_			line 31a		31b				0
32		zation installme	<u> </u>		Outstanding Bala	ance	1	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			1572				4182
	<b>b</b> Waiv	er amortization	n installment			0				0
33				nter the date of the ruling letter gran		33				0
34				er/prefunding balances (lines 31a -		34				
	Total It	anding requirer	Tient before reflecting carryove	Carryover balance	Prefunding bala	l	т,	otal bala	2000	116948
25				Carryover balance	Trefutium bala	irice		nai bai	arice	
35			use to offset funding	0		101716				101716
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				15232
37	Contrib	outions allocate	ed toward minimum required c	ontribution for current year adjusted	d to valuation date	37				78904
38			ess contributions for current ye							
			·			38a				63672
				prefunding and funding standard ca		38b				63672
39				ear (excess, if any, of line 36 over l		39				0
40				S	•	40				0
Pa	rt IX			Pension Relief Act of 2010		)				
			de to use PRA 2010 funding re		(	,				
							2 plus 7 yea	ars [	15	years
				41a was made				2010		2011
42			,	- Tu Was made		42	<u>- 🗆 = 000 [</u>		<u> </u>	
				43						
73	LYCESS	ilistallillelli ac	celeration amount to be came	d over to ruture plan years		1 TO 1				

## **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

	Loucion Ec	weile addrawa deshoration	N Eile	as an attachment to Eor	n <b>6</b> 500 or (	5500-SE.			
For	calendar	plan year 2014 or fiscal p	lan year beğinning	01/01/201	4	and end	ing	12/3	31/2014
MI	Round of	ff amounts to nearest do	llar.						
	Caution:	A penalty of \$1,000 will be	e assessed for late fili	ng of this report unless rea	sonable ca	use is establish	ed.		
ΑN	lame of p	lan				B Ihree-dig	ğit		
						plan num	ber (PN)	<u> </u>	001
Cad	o abirr	C Change M D	DIIC Dofin	ed Donofit Dona	ion Dla	l n			
		sor's name as shown on li		<u>ed Benefit Pens</u> r5500-SF	TOIL PIC		Identifica	tion Number (I	=IN)
•	ian opon		110 24 01 1 01111 0000 0	1 0000-01		_ Linployer	14011111104	iioii itaiiiboi (i	,
Sad	ashiv	S. Shenoy, M.D	., PLLC			26-4711	1666		
ΕT	vipe of bla	ını 📈 Sinğle 🗌 Multiple	e-A Multiple-B	<b>F</b> Prior year	olan size:√	100 or fewer	☐ 101-5	500 More t	han 500
57.55	12220000		- 1. U	[	- i				
1 1		Basic Information	Month 12	Day 21 Voor	2014	****			
2	Assets:	e valuation date:	Month12	Day 31 Year		<u>-</u> i			
		t value					2a		1 242 (22
							2b		1,242,632
						lumber of	··· <u></u>	to at Proposition in	1,242,632 (3) Total Funding
3	Funding	target/participant count b	reakdown			ticipants		ted Funding arget	Target
	<b>a</b> For re	tired participants and ben	eficiaries receiving pa	yment		0		0	0
		rminated vested participar	٠.			0		0	0
		tive participants	•			4	1	,073,756	
		, ,							
					.1	4		, 073, 756 	1,073,756
4	•		·	te liñēš (a) and (b)		—			
		• • • • • •	•	otions			4a		
	D Fundi	ng target reflecting at-risk isk status for fewer than fi	assumptions, but disr	egarding transition rule for and disregarding loading f	plans that I	have been in	4b		
5				and disregarding loading i					6.84 %
6							6		112,766
		Enrolled Actuary	***************************************				, -		112,700
т. т	o the hest of	my knowledge the information su	ipplied in this schedule and a	ocompanying schedules, statement	s and attachme	ents, if any, is comple	ete and accu	rate. Each prescrib	ed assumption was applied in
a	ccordance w ombination,	an applicable law and regulations. offer my best estimate of anticipate	in my opinion, each other as ed experience under the plan.	sumption is reasonable (taking into	account the ex	(perience of the plan	and reasons	ibie expeciations) a	and such outer assumptions, in
S	IGN		- 0						
CE202200	ERE		A				1	0/4/15	ggadini.
		S	ignature of actuary					Date	
Ster	ohen E	R. Parks, MSPA						14-0457	77
<u> </u>	<u> </u>		or print name of actua	rŷ			Möst r	ecent enrollme	
Ret:	remer	it Systems of Ca	alif., Inc.				( )	344) 604-	-3163
	<u>LI GIUGI</u>	ic bybcomb of oc	Firm name						ding area code)
102	1 Ven	tura Blvd., Suit					•	,	-
		•							
lood	land I	Hills	Address of the firm	CA 91364		-			
					***************************************			***************************************	
		as not fully reflected any r	egulation or ruling pro	mulgated under the statute	in comple	ting this schedu	le, check	the box and s	ее
เเอนน	ctions								- 00 /5 5500) 0044

Page	2	-	
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s	che	dule	SB	(Form	5500)	2014

Pa	ırt II Begin	ning of Year	Carryove	r and Prefunding B	alances	(0) (	Parriayor balansa	/b\ 1	Profundi	ing balance
7	Balance at begin	nning of prior year	after applica	ible adjustments (line 13 t	rom prior	(a) C	<b>Carryover balance</b>	(0) 1	Teluliu	158,695
8			-	nding requirement (line 35			0			0
9							0			158,695
10				n of <u>0 . 53</u> %			0			841
11				o prefunding balance:			U			041
• •	•			8a from prior year)					Topografie (1987)	145702
	b(1) Interest or	the excess, if an	y, of line 38a	over line 38b from prior y interest rate of 6,62%	ear					140702
	<b>b(2)</b> Interest or	iline 38b from pri	or year Sche	dule SB, using prior year	s actual					9645
				r to add to prefunding balar						155347
	d Portion of (c)	to be added to bre	efundinā bala	ınce						133317
							^			0
12				or deemed elections			0			150526
93.93.810				ine 10 + line 11d – line 12	)		0			159536
P	X-2011.0000000000000000000000000000000000	ding Percenta			- Aven			T	44	
14						40411			14	99.85 %
		j target attainmen							15	111.37 <b>%</b>
16	Prior year's fund	ling percentage fo nding regulremen	r purposes o	f determining whether car	ryover/prefi	inding balar	ces may be used to redu	ce	16	88.06 %
17				less than 70 percent of the					17	%
5000000	0.000.000.000.000	tributions an	****	1.000						
-3 K-5 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	SOLDEN STREET,			ar by employer(s) and emp	olovees:					
	(a) Date IM-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount paid by employer(s)	(4		int paid by oyees
08	3/11/2015		82,169	0						
				APAN I	- 1700					
				1400						
					Totals ▶	18(b)	82,16	9 <b>18(c)</b>		0
19	Discounted emp	loyer contributions	s – see instr	uctions for small plan with	a valuation	date after th		T		
	a Contributions	allocated toward	unpaid minin	num required contributions	from prior	years				0
	<b>b</b> Contributions	made to avoid res	trictions adj	usted to valuation date	• • • • • • • • • • • • • • • • • • • •	***************************************	19b			0
	C Contributions	allocated toward mi	inimum requi	red contribution for current	/ear adjuste	d to valuatior	date 19c			78,904
20		outions and liquidit								
				e prior year?					-	Yes   No
	b If line 20a is "	Yes," were require	ed quarterly	installments for the currer	t year mad	e in a timely	manner?		[	] Yes ⊠ No
	C If line 20a is "	Yes," see instructi	ons and con	iplete the following table a	ıs applicabl	e:				
				Liquidity shortfall as of e		er of this pla			//\ ***	
	(1) 1	st		(2) 2nd		(3)	3rd		(4) 4	<u>n</u>

		ns Used to Determine	Funding Target and Ta	ırget Normal C	ost					
21	Discount rate:  a Segment rates:	1st segment: 4 . 99 %	2nd segment: 6.32 %	3rd 6.	segment: 99 %		☐ N/A,	full yield	curv	e used
	<b>b</b> Applicable month (	enter code)			2	1b	0			
22		tirement age				2				67
	Mortality table(s) (see		escribed - combined	Prescribed - separ		ibstitut	tē		,	
Pa	rt VI Miscellane	ous Items								
24	Has a change been n	nade in the non-prescribed ac	tuarial assumptions for the cu	rent plan year? If "	Yes," see instr	uctions	s regarding r	equired 	Yes	⊠ No
25	Has a method change	e been made for the current p	lan year? if "Yes," see instruc	tions reĝarding red	uired attachme	nt			Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding	required atta	chmen	t:		Yes	X No
27		o alternative funding rules, en			, ,	7				
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior			±11112			
28		uired contributions for all prior				28				0
29	(line 19a)	contributions allocated toward				9				0
30	Remaining amount of		10				0			
Pa	rt VIII Minimum	Required Contribution	For Current Year				<u></u>			
31		nd excess assets (see instruc	· · · · · · · · · · · · · · · · · · ·							
		(line 6)			_	1a			1.	12,766
		pplicable, but not greater than	line 31a			1b				0
32	Amortization installment				ding Balance	E 7 0		nstallm	ent	4,182
		zation installment			۱,	572				4,182
		n installment			ı					U
	(Month	approved for this plan year, er Day Year	)_and the waived amou	int	······································	13	-A			0
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines :			4				16,948
			Carryover balance	Prefun	ding balance		Ι	otal bal	ance	
35	Balances elected for requirement	use to offset funding		0	101,	716			1(	01,716
36	Additional cash requi	rement (line 34 minus line 35)				16				15,232
37	Contributions allocate	ed toward minimum required c	ontribution for current year ad	usted to valuation o	late	37.			•	78,904
38	Present value of exce	ess contributions for current ye	ear (see instructions)				-			
		y, of line 37 over line 36)				8a				63 <b>,</b> 672
		line 38a attributable to use of				8b				63 <b>,</b> 672
39		uired contribution for current y				9				0
40	A COLORED MAN AND AND AND AND AND AND AND AND AND A	uired contributions for all year				10				0
Pa	rt IX Pension	<b>Eunding Relief Under I</b>	Pension Relief Act of 2	010 (See Instru	ictions)					
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:						_	
	a Schedule elected .						2 plus 7 ye			ears
	<b>b</b> Eligible plan year(s	) for which the election in line	41a was made			200	8 2009	2010	) <u> </u> 2	2011
		n adjustment				2				
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		4	3				

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

	<u>For Funding</u> <u>Min Max</u>	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1 4.99% 1.17%	Seg 1 1.19%	Pre-Retirement 5.00%
	Seg 2 6.32% 4.07%		Post-Retirement 5.00%
	Seg 3 6.99% 5.17%	Seg 3 5.66%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Future Salary Incr	4% salary increase per year	None	None
Future Insurance	Insurance is assumed to be carried at the current level until retirement		Not applicable
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year	2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49
Assumed Benefit Form I	For Funding	Lump Sum	
Calculated Effective Inte	erest Rate	6.84%	
Actuarial Cost Method		value of accrued benefit	

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

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

**Eligibility** 

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

1 year of service Minimum age 21

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

Normal Retirement Age

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

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

**Normal Retirement Benefit** 

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

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

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

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

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

**Termination Benefit** 

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

Credited Years

Vested Percent

1

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

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

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

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

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

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

A benefit payable for the life of the participant

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

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

#### **Death Benefit**

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

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

# Employer ID# 26-4711666: Plan No. 001 Valuation Date: December 31, 2014

## Pre-funding balance applied:

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<b>Rate</b>	<u>Period</u>	Adj Ctb
03-01-2015	26,313.00	2014	11.84%	03-01-2015 to 04-15-2014	
			6.84%	04-15-2014 to 12-31-2014	24,994.46
	26 212 00	2014	11.84%	03-01-2015 to 07-15-2014	
	26,313.00	2014	6.84%	07-15-2014 to 12-31-2014	25,281.89
			0.84%	07-13-2014 to 12-31-2014	25,261.69
	26,313.00	2014	11.84%	03-01-2015 to 10-15-2014	
			6.84%	10-15-2014 to 12-31-2014	25,572.62
				00 04 0045 . 04 45 0045	
	26,313.00	2014	11.84%	03-01-2015 to 01-15-2015	
			6.84%	01-15-2015 to 12-31-2014	25,866.71
<b>Totals:</b>	105,252.00				<u>101,715.68</u>
Discounted co	ntributions:				
		2014	C 9.49/	08-11-2015 to 12-31-2014	78,903.62
08-11-2015	82,169.00	2014	6.84%	08-11-2013 to 12-31-2014	76,903.02

### SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2014

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

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

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

Attachment to 2014 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 26-4711666 PN: 001

# SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN

Shortfall Amortization
Plan Year: 1/1/2014 to 12/31/2014
Valuation Date: 12/31/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<b>Installment</b>	<b>Installments</b>
12/31/2010	7-year	3	\$3,068	\$8,775
12/31/2013	7-year	6	\$20,016	\$105,742
12/31/2014	7-year	7	<u>\$(18,902)</u>	<u>\$(112,945)</u>
Total	-		\$4,182	\$1,572

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Eom 5500 or 5500-SE.

2014

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2014

v. 140124

OMB No. 1210-0110

For	calendar	plan year 2014 or fis	scal plan year beginning	01/01/2014		and endi	ng	12/3	1/2014
NI	Round of	ff amounts to neare	st dollar.			<u> </u>			
	Caution:	A penalty of \$1,000	will be assessed for late filing of	this report unless reas	onable ca	use is establishe	ed.		
AN	ame of p	lan				B Ihree-dig	jit		
						plan num	ber (PN)	. )	001
G1	1	G G1	M D DITO D-511	DE:+ D:	D1-				
			M.D., PLLC Defined on line 2a of Form 5500 or 550		on Pla		dentifica	tion Number (E	INI
0	ian spons	SOI S HAITIE AS SHOWI	TOTALLE 24 OF FORM 5500 OF 550	0-01		Liliployer	idei iliilod	tion rumber (L	
Sad	ashiv	S. Shenoy,	M.D., PLLC			26-4711	666		
			ultiple-A Multiple-B	F Prior year p	lan size:	100 or fewer	☐ 101-4	500 More th	an 500
55.055	NEWS N.			1. Tile, \( \)	: <u>0</u>	100 01 101101			
-3336666	8.07.078.000	Basic Informatio	-		2014				
1 2	Assets:	e valuation date:	Month <u>12</u> Da	<u> 31 Year</u>	2014			I	
£		t value					2a		1 242 622
	_						2b		1,242,632
_						lumber of	``	ford Eugalisa	1,242,632 (3) Total Funding
3	Funding	target/participant co	unt breakdown			ticipants		ted Funding arget	<u>Target</u>
	a For re	tired participants and	d beneficiaries receiving paymen	t		0		0	0
		·	licipants			0		0	0
						4	1	,073,756	1,073,756
						4		,073,756	1,073,756
4			check the box and complete line		L			, 013, 130 <u> </u>	1,073,730
~	•		·			_	. 4a		
		• •	g prescribed at-risk assumptions						
			t-risk assumptions, but disregard han five consecutive years and c				4b		
5									6.84 <b>%</b>
6			122 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				. 6		112,766
State	ment by	Enrolled Actuary							
T	the best of	my knowledge, the informa	ation supplied in this schedule and accompa lations. In my opinion, each other assumption	unying schedules, statements on is reasonable (taking into a	and attachme	ents, if any, is comple	te and accu	rate. Each prescribe	d assumption was applied in
ā	ombination,	offer my best estimate of ar	nticipated experience under the plan.			.,		,	
S	IGN	•	10						
HI	ERE		$\mathcal{A}'$			_	(	0/2/15	-
,			Signature of actuary					Däfē	
Ste	ohen R	. Parks, MSI	PA					14-0457	7
•			Type or print name of actuary				Möst r	ecent enrollmei	nt number
Ret:	remen	t Systems of	Calif., Inc.			_	(	844) 604-	3163
			Firm name			Te	lephone	number (includ	ing area code)
2102	1 Vent	tura Blvd.,	Suite 300						
, ,	1 3 -	7137 -		33 01264					
yood	land F	HILLS	Address of the firm	CA 91364		-			
I# &I	دا شوراس			ated under the state to	in comini-	ting this saked of	la abaci	the hey and	
	actuary no	as not fully reflected	aný regulation or ruling promulga	ated under the statute	in comble	ung uns schedu	e, uneck	the box and se	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Page	2	-	
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s	che	dule	SB	(Form	5500)	2014

Pa	ırt II Begin	ning of Year	Carryove	r and Prefunding B	alances	(0) (	Parriayor balansa	/b\ 1	Profundi	ing balance
7	Balance at begin	nning of prior year	after applica	ible adjustments (line 13 t	rom prior	(a) C	<b>Carryover balance</b>	(0) 1	Teluliu	158,695
8			-	nding requirement (line 35			0			0
9							0			158,695
10				n of <u>0 . 53</u> %			0			841
11				o prefunding balance:			U			041
• •	•			8a from prior year)					Topografie (1987)	145702
	b(1) Interest or	the excess, if an	y, of line 38a	over line 38b from prior y interest rate of 6,62%	ear					140702
	<b>b(2)</b> Interest or	iline 38b from pri	or year Sche	dule SB, using prior year	s actual					9645
				r to add to prefunding balar						155347
	d Portion of (c)	to be added to bre	efundinā bala	ınce						133317
							^			0
12				or deemed elections			0			150526
93.93.810				ine 10 + line 11d – line 12	)		0			159536
P	X-2011.0000000000000000000000000000000000	ding Percenta			- Aven			T	44	
14						40411			14	99.85 %
		j target attainmen							15	111.37 <b>%</b>
16	Prior year's fund	ling percentage fo nding regulremen	r purposes o	f determining whether car	ryover/prefi	inding balar	ces may be used to redu	ce	16	88.06 %
17				less than 70 percent of the					17	%
5000000	0.000.000.000.000	tributions an	****	1.000						
-3 K-5 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	SOLDEN STREET,			ar by employer(s) and emp	olovees:					
	(a) Date IM-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount paid by employer(s)	(4		int paid by oyees
08	3/11/2015		82,169	0						
				APAN I	- 1700					
				1400						
					Totals ▶	18(b)	82,16	9 <b>18(c)</b>		0
19	Discounted emp	loyer contributions	s – see instr	uctions for small plan with	a valuation	date after th		T		
	a Contributions	allocated toward	unpaid minin	num required contributions	from prior	years				0
	<b>b</b> Contributions	made to avoid res	trictions adj	usted to valuation date	• • • • • • • • • • • • • • • • • • • •	***************************************	19b			0
	C Contributions	allocated toward mi	inimum requi	red contribution for current	/ear adjuste	d to valuatior	date 19c			78,904
20		outions and liquidit								
				e prior year?					-	Yes   No
	b If line 20a is "	Yes," were require	ed quarterly	installments for the currer	t year mad	e in a timely	manner?		[	] Yes ⊠ No
	C If line 20a is "	Yes," see instructi	ons and con	iplete the following table a	ıs applicabl	e:				
				Liquidity shortfall as of e		er of this pla			//\ ***	
	(1) 1	st		(2) 2nd		(3)	3rd		(4) 4	<u>n</u>

		ns Used to Determine	Funding Target and Ta	ırget Normal C	ost					
21	Discount rate:  a Segment rates:	1st segment: 4 . 99 %	2nd segment: 6.32 %	3rd 6.	segment: 99 %		☐ N/A,	full yield	curv	e used
	<b>b</b> Applicable month (	enter code)			2	1b				2
22		tirement age				2				67
	Mortality table(s) (see		escribed - combined	Prescribed - separ		ibstitut	tē		,	
Pa	rt VI Miscellane	ous Items								
24	Has a change been n	nade in the non-prescribed ac	tuarial assumptions for the cu	rent plan year? If "	Yes," see instr	uctions	s regarding r	equired 	Yes	⊠ No
25	Has a method change	e been made for the current p	lan year? if "Yes," see instruc	tions reĝarding red	uired attachme	nt			Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding	required atta	chmen	t:		Yes	X No
27		o alternative funding rules, en			, ,	7				
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior			±11112			
28		uired contributions for all prior				28				0
29	(line 19a)	contributions allocated toward				9				0
30	Remaining amount of	funpaid minimum required co	ntributions (line 28 minus line	29)		10				0
Pa	rt VIII Minimum	Required Contribution	For Current Year				<u></u>			
31		nd excess assets (see instruc	· · · · · · · · · · · · · · · · · · ·							
		(line 6)			_	1a			1.	12,766
		pplicable, but not greater than	line 31a			1b				0
32	Amortization installment				ding Balance	E 7 0		nstallm	ent	4,182
		zation installment			۱,	572				4,182
		n installment			ı					U
	(Month	approved for this plan year, er Day Year	)_and the waived amou	int	······································	13	-A			0
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines :			4				16,948
			Carryover balance	Prefun	ding balance		Ι	otal bal	ance	
35	Balances elected for requirement	use to offset funding		0	101,	716			1(	01,716
36	Additional cash requi	rement (line 34 minus line 35)				16				15,232
37	Contributions allocate	ed toward minimum required c	ontribution for current year ad	usted to valuation o	late	37.			•	78,904
38	Present value of exce	ess contributions for current ye	ear (see instructions)				-			
		y, of line 37 over line 36)				8a				63 <b>,</b> 672
		line 38a attributable to use of				8b				63 <b>,</b> 672
39		uired contribution for current y				9				0
40	A COLORED MAN AND AND AND AND AND AND AND AND AND A	uired contributions for all year				10				0
Pa	rt IX Pension	<b>Eunding Relief Under I</b>	Pension Relief Act of 2	010 (See Instru	ictions)					
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:						_	
	a Schedule elected .						2 plus 7 ye			ears
	<b>b</b> Eligible plan year(s	) for which the election in line	41a was made			200	8 2009	2010	) <u> </u> 2	2011
		n adjustment				2				
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		4	3				

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

		For Funding Min Max	<u>For 417(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1	4.99% 1.17%	Seg 1 1.19%	Pre-Retirement 5.00%		
	Seg 2 6.32% 4.07%		Seg 2 4.53%	Post-Retirement 5.00%		
	Seg 3	6.99% 5.17%	Seg 3 5.66%			
Pre-Retirement						
Turnover	None		None	None		
Mortality	None		None	None		
Assumed Ret Age		retirement age 5 years of ation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Future Salary Incr	Salary Incr 4% salary increase per year		None	None		
Future Insurance	be carri	ce is assumed to ed at the current atil retirement		Not applicable		
Post-Retirement						
Mortality	projecte years Fo RP2000 healthy	nodified RP2000 ed healthy male ed 29 & 21 emale-modified combined female ed 29 & 21 year	2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49		
Assumed Benefit Form F	or Fund	ling	Lump Sum			
Calculated Effective Interest Rate			6.84%			
Actuarial Cost Method			value of accrued benefits	method was used as a Protection Act. This target equal to the present , and sets the normal cost e of the benefit accrued in		

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

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

**Eligibility** 

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

1 year of service Minimum age 21

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

Normal Retirement Age

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

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

**Normal Retirement Benefit** 

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

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

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

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

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

**Termination Benefit** 

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

Credited Years

Vested Percent

1

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

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

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

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

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

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

A benefit payable for the life of the participant

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

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

#### **Death Benefit**

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

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

# Employer ID# 26-4711666: Plan No. 001 Valuation Date: December 31, 2014

## Pre-funding balance applied:

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<b>Rate</b>	<u>Period</u>	Adj Ctb
03-01-2015	26,313.00	2014	11.84%	03-01-2015 to 04-15-2014	
			6.84%	04-15-2014 to 12-31-2014	24,994.46
	26 212 00	2014	11.84%	03-01-2015 to 07-15-2014	
	26,313.00	2014	6.84%	07-15-2014 to 12-31-2014	25,281.89
			0.84%	07-13-2014 to 12-31-2014	25,261.69
	26,313.00	2014	11.84%	03-01-2015 to 10-15-2014	
			6.84%	10-15-2014 to 12-31-2014	25,572.62
				00 04 0045 . 04 45 0045	
	26,313.00	2014	11.84%	03-01-2015 to 01-15-2015	
			6.84%	01-15-2015 to 12-31-2014	25,866.71
<b>Totals:</b>	105,252.00				<u>101,715.68</u>
Discounted co	ntributions:				
		2014	C 9.49/	08-11-2015 to 12-31-2014	78,903.62
08-11-2015	82,169.00	2014	6.84%	08-11-2013 to 12-31-2014	76,903.02

### SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2014

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

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

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

Attachment to 2014 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 26-4711666 PN: 001

# SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN

Shortfall Amortization
Plan Year: 1/1/2014 to 12/31/2014
Valuation Date: 12/31/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<b>Installment</b>	<b>Installments</b>
12/31/2010	7-year	3	\$3,068	\$8,775
12/31/2013	7-year	6	\$20,016	\$105,742
12/31/2014	7-year	7	<u>\$(18,902)</u>	<u>\$(112,945)</u>
Total	-		\$4,182	\$1,572

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Eom 5500 or 5500-SE.

2014

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2014

v. 140124

OMB No. 1210-0110

For	calendar	plan year 2014 or fis	scal plan year beginning	01/01/2014		and endi	ng	12/3	1/2014
NI	Round of	ff amounts to neare	st dollar.			<u> </u>			
	Caution:	A penalty of \$1,000	will be assessed for late filing of	this report unless reas	onable ca	use is establishe	ed.		
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						plan num	ber (PN)	. )	001
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			M.D., PLLC Defined on line 2a of Form 5500 or 550		on Pla		dentifica	tion Number (E	INI
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Sad	ashiv	S. Shenoy,	M.D., PLLC			26-4711	666		
			ultiple-A Multiple-B	F Prior year p	lan size:	100 or fewer	☐ 101-4	500 More th	an 500
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1 2	Assets:	e valuation date:	Month <u>12</u> Da	<u> 31 Year</u>	2014			I	
£		t valua					2a		1 242 622
	_						2b		1,242,632
_						lumber of	``	ford Eugalisa	1,242,632 (3) Total Funding
3	Funding	target/participant co	unt breakdown			ticipants		ted Funding arget	<u>Target</u>
	a For re	tired participants and	d beneficiaries receiving paymen	t		0		0	0
		·	licipants			0		0	0
						4	1	,073,756	1,073,756
						4		,073,756	1,073,756
4			check the box and complete line		L			, 013, 130 <u> </u>	1,073,730
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		• •	g prescribed at-risk assumptions						
			t-risk assumptions, but disregard han five consecutive years and c				4b		
5									6.84 <b>%</b>
6			122 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				. 6		112,766
State	ment by	Enrolled Actuary							
T	the best of	my knowledge, the informa	ation supplied in this schedule and accompa lations. In my opinion, each other assumption	unying schedules, statements on is reasonable (taking into a	and attachme	ents, if any, is comple	te and accu	rate. Each prescribe	d assumption was applied in
ā	ombination,	offer my best estimate of ar	nticipated experience under the plan.			.,		,	
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Page	2	-	
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s	che	dule	SB	(Form	5500)	2014

Pa	ırt II Begin	ning of Year	Carryove	r and Prefunding B	alances	(0) (	Parriayor balansa	/b\ 1	Profundi	ing balance
7	Balance at begin	nning of prior year	after applica	ible adjustments (line 13 t	rom prior	(a) C	<b>Carryover balance</b>	(0) 1	Teluliu	158,695
8			-	nding requirement (line 35			0			0
9							0			158,695
10				n of <u>0 . 53</u> %			0			841
11				o prefunding balance:			U			041
• •	•			8a from prior year)					Topografie (1987)	145702
	b(1) Interest or	the excess, if an	y, of line 38a	over line 38b from prior y interest rate of 6,62%	ear					140702
	<b>b(2)</b> Interest or	iline 38b from pri	or year Sche	dule SB, using prior year	s actual					9645
				r to add to prefunding balar						155347
	d Portion of (c)	to be added to bre	efundinā bala	ınce						133317
							^			0
12				or deemed elections			0			150526
93.93.810				ine 10 + line 11d – line 12	)		0			159536
P	X-2011.0000000000000000000000000000000000	ding Percenta			- Aven			T	44	
14						40411			14	99.85 %
		j target attainmen							15	111.37 <b>%</b>
16	Prior year's fund	ling percentage fo nding regulremen	r purposes o	f determining whether car	ryover/prefi	inding balar	ces may be used to redu	ce	16	88.06 %
17				less than 70 percent of the					17	%
5000000	0.000.000.000.000	tributions an	****	1.000						
-3 K-5 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	SOLDEN STREET,			ar by employer(s) and emp	olovees:					
	(a) Date IM-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount paid by employer(s)	(4		int paid by oyees
08	3/11/2015		82,169	0						
				APAN I	- 1700					
				1400						
					Totals ▶	18(b)	82,16	9 <b>18(c)</b>		0
19	Discounted emp	loyer contributions	s – see instr	uctions for small plan with	a valuation	date after th		T		
	a Contributions	allocated toward	unpaid minin	num required contributions	from prior	years				0
	<b>b</b> Contributions	made to avoid res	trictions adj	usted to valuation date	• • • • • • • • • • • • • • • • • • • •	***************************************	19b			0
	C Contributions	allocated toward mi	inimum requi	red contribution for current	/ear adjuste	d to valuatior	date 19c			78,904
20		outions and liquidit								
				e prior year?					-	Yes   No
	b If line 20a is "	Yes," were require	ed quarterly	installments for the currer	t year mad	e in a timely	manner?		[	] Yes ⊠ No
	C If line 20a is "	Yes," see instructi	ons and con	iplete the following table a	ıs applicabl	e:				
				Liquidity shortfall as of e		er of this pla			//\ ***	
	(1) 1	st		(2) 2nd		(3)	3rd		(4) 4	<u>n</u>

		ns Used to Determine	Funding Target and Ta	ırget Normal C	ost					
21	Discount rate:  a Segment rates:	1st segment: 4 . 99 %	2nd segment: 6.32 %	3rd 6.	segment: 99 %		☐ N/A,	full yield	curv	e used
	<b>b</b> Applicable month (	enter code)			2	1b	2			2
22		tirement age				2				67
	Mortality table(s) (see		escribed - combined	Prescribed - separ		ibstitut	tē		,	
Pa	rt VI Miscellane	ous Items								
24	Has a change been n	nade in the non-prescribed ac	tuarial assumptions for the cu	rent plan year? If "	Yes," see instr	uctions	s regarding r	equired 	Yes	⊠ No
25	Has a method change	e been made for the current p	lan year? if "Yes," see instruc	tions reĝarding red	uired attachme	nt			Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding	required atta	chmen	t:		Yes	X No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.										
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior			<u></u>			
28		uired contributions for all prior				28				0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior year (line 19a)									0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)									0
Pa	rt VIII Minimum	Required Contribution	For Current Year				<u></u>			
31		nd excess assets (see instruc	· · · · · · · · · · · · · · · · · · ·							
		(line 6)			_	1a			1.	12,766
		pplicable, but not greater than	line 31a			1b				0
32	Amortization installment				ding Balance	E 7 0		nstallm	ent	4,182
		zation installment			۱,	572	0			
		n installment			ı					U
	(Month	approved for this plan year, er Day Year	)_and the waived amou	int	······································	13	-A			0
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines :			4				16,948
			Carryover balance	Prefun	ding balance		Ι	otal bal	ance	
35	Balances elected for requirement	use to offset funding		0	101,	716			1(	01,716
36	Additional cash requi	rement (line 34 minus line 35)				16				15,232
37	Contributions allocate	ed toward minimum required c	ontribution for current year ad	usted to valuation o	late	37.			•	78,904
38	Present value of exce	ess contributions for current ye	ear (see instructions)				-			
		y, of line 37 over line 36)				8a				63 <b>,</b> 672
		line 38a attributable to use of				8b				63 <b>,</b> 672
39		uired contribution for current y				9				0
40	A COLORED MAN AND AND AND AND AND AND AND AND AND A	uired contributions for all year				10				0
Pa	rt IX Pension	<b>Eunding Relief Under I</b>	Pension Relief Act of 2	010 (See Instru	ictions)					
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:						_	
	a Schedule elected .						2 plus 7 ye			ears
	<b>b</b> Eligible plan year(s	) for which the election in line	41a was made			200	8 2009	2010	) <u> </u> 2	2011
		n adjustment				2				
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		4	3				

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

		For Funding Min Max	<u>For 417(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1	4.99% 1.17%	Seg 1 1.19%	Pre-Retirement 5.00%		
	Seg 2	6.32% 4.07%	Seg 2 4.53%	Post-Retirement 5.00%		
	Seg 3	6.99% 5.17%	Seg 3 5.66%			
Pre-Retirement						
Turnover	None		None	None		
Mortality	None		None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Future Salary Incr	4% salary increase per year		None	None		
Future Insurance	be carri	ce is assumed to ed at the current atil retirement		Not applicable		
Post-Retirement						
Mortality  Male-modified RP2000 combined healthy male projected 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year		ed healthy male ed 29 & 21 emale-modified ) combined female	2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49		
Assumed Benefit Form F	or Fund	ling	Lump Sum			
Calculated Effective Inte	rest Rat	e	6.84%			
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the preservalue of accrued benefits, and sets the normal coequal to the present value of the benefit accrued in the current year.			

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

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

**Eligibility** 

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

1 year of service Minimum age 21

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

Normal Retirement Age

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

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

**Normal Retirement Benefit** 

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

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

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

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

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

**Termination Benefit** 

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

Credited Years

Vested Percent

1

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

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

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

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

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

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

A benefit payable for the life of the participant

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

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

#### **Death Benefit**

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

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

# Employer ID# 26-4711666: Plan No. 001 Valuation Date: December 31, 2014

## Pre-funding balance applied:

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<b>Rate</b>	<u>Period</u>	Adj Ctb
03-01-2015	26,313.00	2014	11.84%	03-01-2015 to 04-15-2014	
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				00 04 0045 . 04 45 0045	
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08-11-2015	82,169.00	2014	6.84%	08-11-2013 to 12-31-2014	76,903.02

### SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2014

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

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

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

Attachment to 2014 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 26-4711666 PN: 001

# SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN

Shortfall Amortization
Plan Year: 1/1/2014 to 12/31/2014
Valuation Date: 12/31/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<b>Installment</b>	<b>Installments</b>
12/31/2010	7-year	3	\$3,068	\$8,775
12/31/2013	7-year	6	\$20,016	\$105,742
12/31/2014	7-year	7	<u>\$(18,902)</u>	<u>\$(112,945)</u>
Total	-		\$4,182	\$1,572

# 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

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File as an attachment to Eom 5500 or 5500-SE.

2014

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2014

v. 140124

OMB No. 1210-0110

For	calendar	plan year 2014 or fis	scal plan year beginning	01/01/2014		and endi	ng	12/3	1/2014
NI	Round of	ff amounts to neare	st dollar.			<u> </u>			
	Caution:	A penalty of \$1,000	will be assessed for late filing of	this report unless reas	onable ca	use is establishe	ed.		
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						plan num	ber (PN)	. )	001
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Sad	ashiv	S. Shenoy,	M.D., PLLC			26-4711	666		
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1 2	Assets:	e valuation date:	Month <u>12</u> Da	<u> 31 Year</u>	2014			I	
£		t valua					2a		1 242 622
	_						2b		1,242,632
_						lumber of	··	ford Eugalisa	1,242,632 (3) Total Funding
3	Funding	target/participant co	unt breakdown			ticipants		ted Funding arget	<u>Target</u>
	a For re	tired participants and	d beneficiaries receiving paymen	t		0		0	0
		·	licipants			0		0	0
						4	1	,073,756	1,073,756
						4		,073,756	1,073,756
4			check the box and complete line		L			, 013, 130 <u> </u>	1,073,730
~	•		·			_	. 4a		
		• •	g prescribed at-risk assumptions						
			t-risk assumptions, but disregard han five consecutive years and c				4b		
5									6.84 <b>%</b>
6			122 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				. 6		112,766
State	ment by	Enrolled Actuary							
T	the best of	my knowledge, the informa	ation supplied in this schedule and accompa lations. In my opinion, each other assumption	unying schedules, statements on is reasonable (taking into a	and attachme	ents, if any, is comple	te and accu	rate. Each prescribe	d assumption was applied in
ā	ombination,	offer my best estimate of ar	nticipated experience under the plan.			.,		,	
S	IGN	•	10						
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,			Signature of actuary					Däfē	
Ste	ohen R	. Parks, MSI	PA					14-0457	7
•			Type or print name of actuary				Möst r	ecent enrollmei	nt number
Ret:	remen	t Systems of	Calif., Inc.			_	(	844) 604-	3163
			Firm name			Te	lephone	number (includ	ing area code)
2102	1 Vent	tura Blvd.,	Suite 300						
, ,	1 3 -	7137 -		33 01264					
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

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s	che	dule	SB	(Form	5500)	2014

Pa	ırt II Begin	ning of Year	Carryove	r and Prefunding Ba	alances	(5)	Partinyar balanga	/b) 1	Profund	ing halance			
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)						(0) 1	Prefunding balance					
8	Portion elected for use to offset prior year's funding requirement (line 35 from								0				
9	prior year)  Amount remaining (line 7 minus line 8)									158,695			
10				m of <u>0.53</u> %						158,695			
11						1000	U Company	041					
• •	•	Prior year's excess contributions to be added to prefunding balance:  2 Present value of excess contributions (line 38a from prior year)							145702				
	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 6,62%									130702			
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return												
				r to add to prefunding balar					155347				
	d Portion of (c)	to be added to bre	efundinā bala	ance						100347			
12		er reductions in balances due to elections or deemed elections						150536					
93.93.810				line 10 + line 11d – line 12	.)		0		*****	159536			
P	X-2011.0000000000000000000000000000000000	ding Percenta						Т	44				
14		unding target attainment percentage						14	99.85 %				
		Adjusted funding target attainment percentage  Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce							15	111.37 <b>%</b>			
16	Prior year's fund	ling percentage fo nding reduiremen	r purposes o	of determining whether car	ryover/prefi	inding balar	ices may be used to redu	ce	16	88.06 <b>%</b>			
17				less than 70 percent of the					17	%			
52500007	0.000.000.000.000	tributions an	****	2.1127				•					
-24-27-20-20	SOLDEN STREET,			ar by employer(s) and emp	olovees:								
	(a) Date	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount paid by employer(s)	(6	(c) Amount paid by: employees				
08	3/11/2015		82,169	0									
	-												
					:Totals ▶	18(b)	82,16	9 <b>18(c)</b>		0			
19	Discounted emp	loyer contribution	s – see instr	uctions for small plan with	a valuation	date after ti	ne beginning of the year:	-					
	a Contributions	allocated toward	unpaid minin	num required contributions	from prior	years	19a			0			
	b Contributions made to avoid restrictions adjusted to valuation date							0					
	C Contributions	allocated toward mi	inimum redjul	red contribution for current y	ear adjuste	d to valuatior	date 19c		1002 i vom transer	78,904			
20	Quarterly contrib	outions and liquidit	y shortfalls:										
	a Did the plan have a "funding shortfall" for the prior year?								X Yes No				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								2000	] Yes ⊠ No				
		•		riplete the following table a									
	Liquidity shortfall as of end of quarter of this plan year												
	(1) 1:	st		(2) 2nd		(3)	3rd		(4) 4	h			

		ns Used to Determine	Funding Target and Ta	ırget Normal C	ost						
21	Discount rate:  a Segment rates:	24 00000						N/A, full yield curve used			
	<b>b</b> Applicable month (	21	b								
22	Weighted average ref	281	2	67							
	Mortality table(s) (see		ostitüt	ē		•					
Pa	rt VI Miscellane	ous Items									
24	Has a change been n	nade in the non-prescribed ac	tuarial assumptions for the cu	rent plan year? If "	Yes," see instru	ctions	reğardinğ r	equired 	Yes	⊠ No	
25	Has a method change	uired attachmer	nt			Yes	X No				
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding	required attac	hment	t:		Yes	X No	
27	If the plan is subject t		7								
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior							
28		uired contributions for all prior				B				0	
29	(line 19a)	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)								0	
30	Remaining amount of	funpaid minimum required co	ntributions (line 28 minus line	29)	30					0	
Pa	rt VIII Minimum	Required Contribution	For Current Year				<del></del>				
31		nd excess assets (see instruc	· · · · · · · · · · · · · · · · · · ·		10.0	- т					
	a Target normal cost			112,76							
		b Excess assets, if applicable, but not greater than line 31a						In the line of			
32	Amortization installment	ding Balance	7.7		Installment 4,182						
	a Net shortfall amorti	Τ,	572				4,102				
		n installment			1	-				U	
	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year)_and the waived amount									0	
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines :			4	116,948				
		Carryover balance Prefunding ba						otal bala	ance		
35	Balances elected for requirement	use to offset funding		0	101,	716			1	01,716	
36	Additional cash requi	3	6				15 <b>,</b> 232				
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)							78,904			
38	Present value of exce	ess contributions for current ye	ear (see instructions)								
	a Total (excess, if any				63,672						
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						63 <b>,</b> 67				
39			_	0							
40	A COLORED MAN AND AND AND AND AND AND AND AND AND A	uired contributions for all year				J				Ü	
Pa	rt IX Pension	<b>Eunding Relief Under I</b>	Pension Relief Act of 2	010 (See Instru	ctions)						
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:						_		
	a Schedule elected							ars [		years	
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made						8 2009	2010	<u>, ∏</u> ;	2011	
		Amount of acceleration adjustment									
43	Excess installment ac	4	3								

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

	<u>For Funding</u> <u>Min Max</u>	For 417(e)	For Actuarial Equiv.		
Interest Rates	Seg 1 4.99% 1.17%	Seg 1 1.19%	Pre-Retirement 5.00%		
	Seg 2 6.32% 4.07%	Seg 2 4.53%	Post-Retirement 5.00%		
	Seg 3 6.99% 5.17%	Seg 3 5.66%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Future Salary Incr	4% salary increase per year	None	None		
Future Insurance	Insurance is assumed to be carried at the current level until retirement		Not applicable		
Post-Retirement					
Mortality	Mortality  Male-modified RP2000 combined healthy male projected 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year		2014 Applicable Mortality Table from Notice 2013-49		
Assumed Benefit Form I	For Funding	Lump Sum			
Calculated Effective Inte	erest Rate	6.84%			
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.			

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

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

**Eligibility** 

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

1 year of service Minimum age 21

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

Normal Retirement Age

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

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

**Normal Retirement Benefit** 

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

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

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

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

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

**Termination Benefit** 

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

Credited Years

Vested Percent

1

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

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

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

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

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

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

A benefit payable for the life of the participant

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

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

#### **Death Benefit**

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

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

## Employer ID# 26-4711666: Plan No. 001 Valuation Date: December 31, 2014

### Pre-funding balance applied:

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<b>Rate</b>	<u>Period</u>	Adj Ctb
03-01-2015	26,313.00	2014	11.84%	03-01-2015 to 04-15-2014	
			6.84%	04-15-2014 to 12-31-2014	24,994.46
	26 212 00	2014	11.84%	03-01-2015 to 07-15-2014	
	26,313.00	2014	6.84%	07-15-2014 to 12-31-2014	25,281.89
			0.84%	07-13-2014 to 12-31-2014	25,261.69
	26,313.00	2014	11.84%	03-01-2015 to 10-15-2014	
			6.84%	10-15-2014 to 12-31-2014	25,572.62
				00 04 0045 . 04 45 0045	
	26,313.00	2014	11.84%	03-01-2015 to 01-15-2015	
			6.84%	01-15-2015 to 12-31-2014	25,866.71
<b>Totals:</b>	105,252.00				<u>101,715.68</u>
Discounted co	ntributions:				
		2014	C 9.49/	08-11-2015 to 12-31-2014	78,903.62
08-11-2015	82,169.00	2014	6.84%	08-11-2013 to 12-31-2014	76,903.02

### SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2014

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

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

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

Attachment to 2014 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 26-4711666 PN: 001

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN

Shortfall Amortization
Plan Year: 1/1/2014 to 12/31/2014
Valuation Date: 12/31/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<b>Installment</b>	<b>Installments</b>
12/31/2010	7-year	3	\$3,068	\$8,775
12/31/2013	7-year	6	\$20,016	\$105,742
12/31/2014	7-year	7	<u>\$(18,902)</u>	<u>\$(112,945)</u>
Total	-		\$4,182	\$1,572

### **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

	▶ Eile as an attachment to Eorm 5500 or 5500-SE.									
For	calendar	plan year 2014 or fiscal p	lan year beğinning	01/01/201	4	and end	ing	12/3	31/2014	
MI	Round off amounts to nearest dollar.									
	Caution:	A penalty of \$1,000 will be	e assessed for late fili	ng of this report unless rea	sonable ca	use is establish	ed.			
ΑN	lame of p	lan				B Ihree-dig	ğit			
						plan num	ber (PN)	<u> </u>	001	
Cad	o abirr	C Change M D	DIIC Dofin	ed Donofit Dona	ion Dla	l n				
		sor's name as shown on li		<u>ed Benefit Pens</u> r5500-SF	TOIL PIC		Identifica	tion Number (I	=IN)	
•	ian opon		110 24 01 1 01111 0000 0	1 0000-01		_ Linployer	14011111104	iioii itaiiiboi (i	,	
Sad	ashiv	S. Shenoy, M.D	., PLLC			26-4711	1666			
ΕT	vipe of bla	ını 📈 Sinğle 🗌 Multiple	e-A Multiple-B	<b>F</b> Prior year	olan size:√	100 or fewer	☐ 101-5	500 More t	han 500	
57.55	12220000		- 1. U	[	- i					
1 1		Basic Information	Month 12	Day 21 Voor	2014	****				
2	Assets:	e valuation date:	Month12	Day 31 Year		<u>-</u> i				
		t value					2a		1 242 622	
							2b		1,242,632	
						lumber of	··· <u></u>	to at Proposition in	1,242,632 (3) Total Funding	
3	Funding	target/participant count b	reakdown			ticipants		ted Funding arget	Target	
	<b>a</b> For re	tired participants and ben	eficiaries receiving pa	yment		0		0	0	
		rminated vested participar	• .			0		0	0	
		tive participants	•			4	1	,073,756		
	_	, ,								
					.1	4		, 073, 756 	1,073,756	
4	•		·	te liñēš (a) and (b)		—				
		• • • • • •	•	otions			4a			
	<b>D</b> Fundi	ng target reflecting at-risk isk status for fewer than fi	assumptions, but disr	egarding transition rule for and disregarding loading f	plans that I	have been in	4b			
5				and disregarding loading i					6.84 %	
6							6		112,766	
		Enrolled Actuary	***************************************				, -		112,700	
т. т	o the hest of	my knowledge the information su	ipplied in this schedule and a	ocompanying schedules, statement	s and attachme	ents, if any, is comple	ete and accu	rate. Each prescrib	ed assumption was applied in	
a	ccordance w ombination,	an applicable law and regulations. offer my best estimate of anticipate	in my opinion, each other as ed experience under the plan.	sumption is reasonable (taking into	account the ex	(perience of the plan	and reasons	ibie expeciations) a	and such outer assumptions, in	
S	IGN		- 0							
CE202200	ERE		A				1	0/4/15	ggadini.	
		S	ignature of actuary					Date		
Ster	ohen E	R. Parks, MSPA						14-0457	77	
<u> </u>	<u> </u>		or print name of actua	rŷ			Möst r	ecent enrollme		
Ret:	remer	it Systems of Ca	alif., Inc.				( )	344) 604-	-3163	
	<u>LI GIUGI</u>	ic bybcomb of oc	Firm name						ding area code)	
102	1 Ven	tura Blvd., Suit					•	•	-	
		•								
lood	land I	Hills	Address of the firm	CA 91364		-				
					***************************************			***************************************		
		as not fully reflected any r	egulation or ruling pro	mulgated under the statute	in comple	ting this schedu	le, check	the box and s	ее	
เเอนน	ctions								- 00 /5 5500) 0044	

Page	2	-	
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s	che	dule	SB	(Form	5500)	2014

Pa	ırt II Begin	ning of Year	Carryove	r and Prefunding B	alances	(0) (	Parriayor balansa	/b\ 1	Profundi	ing balance
7	Balance at begin	nning of prior year	after applica	ible adjustments (line 13 t	rom prior	(a) C	<b>Carryover balance</b>	(0) 1	Teluliu	158,695
8			-	nding requirement (line 35		0			0	
9							0			158,695
10							0			841
11				o prefunding balance:			U			041
• •	•			8a from prior year)					Topografie (1987)	145702
	b(1) Interest or	the excess, if an	y, of line 38a	over line 38b from prior y interest rate of 6,62%	ear					140702
	<b>b(2)</b> Interest or	iline 38b from pri	or year Sche	dule SB, using prior year	s actual					9645
				r to add to prefunding balar						155347
	d Portion of (c)	to be added to bre	efundinā bala	ınce						133317
							^			0
12				or deemed elections			0			150526
93.93.810				ine 10 + line 11d – line 12	)		0			159536
P	X-2011.0000000000000000000000000000000000	ding Percenta			- Aven			T	44	
14						40411			14	99.85 %
		j target attainmen							15	111.37 <b>%</b>
16	Prior year's fund	ling percentage fo nding regulremen	r purposes o	f determining whether car	ryover/prefi	inding balar	ces may be used to redu	ce	16	88.06 %
17				less than 70 percent of the					17	%
5000000	0.000.000.000.000	tributions an	****	1.000						
-3 K-5 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	SOLDEN STREET,			ar by employer(s) and emp	olovees:					
	(a) Date IM-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount paid by employer(s)	(4		int paid by oyees
08	3/11/2015		82,169	0						
				APAN I	- 1700					
				1400						
					Totals ▶	18(b)	82,16	9 <b>18(c)</b>		0
19	Discounted emp	loyer contributions	s – see instr	uctions for small plan with	a valuation	date after th		T		
	a Contributions	allocated toward	unpaid minin	num required contributions	from prior	years				0
	<b>b</b> Contributions	made to avoid res	trictions adj	usted to valuation date	• • • • • • • • • • • • • • • • • • • •	***************************************	19b			0
	C Contributions	allocated toward mi	inimum requi	red contribution for current	/ear adjuste	d to valuatior	date 19c			78,904
20		outions and liquidit								
				e prior year?					-	Yes   No
	b If line 20a is "	Yes," were require	ed quarterly	installments for the currer	t year mad	e in a timely	manner?		[	] Yes ⊠ No
	C If line 20a is "	Yes," see instructi	ons and con	iplete the following table a	ıs applicabl	e:				
				Liquidity shortfall as of e		er of this pla			//\ ***	
	(1) 1	st		(2) 2nd		(3)	3rd		(4) 4	<u>n</u>

		ns Used to Determine	Funding Target and Ta	ırget Normal C	ost					
21	Discount rate:  a Segment rates:	1st segment: 4 . 99 %	2nd segment: 6.32 %	3rd 6.	segment: 99 %		N/A, full yield curve used			e used
	<b>b</b> Applicable month (	enter code)			2	1b				2
22		tirement age				2				67
	23 Mortality table(s) (see instructions) 🛛 Préscribéd - bombined 🔲 Préscribéd - separate 🔲 Sübstituté									
Pa	rt VI Miscellane	ous Items								
24	Has a change been n	nade in the non-prescribed ac	tuarial assumptions for the cu	rent plan year? If "	Yes," see instr	uctions	s regarding r	equired	Yes	⊠ No
25	Has a method change	e been made for the current p	lan year? if "Yes," see instruc	tions reĝarding red	uired attachme	nt			Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding	required atta	chmen	t:		Yes	X No
27		o alternative funding rules, en			, ,	7				
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior			±11112			
28		uired contributions for all prior				28				0
29	(line 19a)	contributions allocated toward				9				0
30	Remaining amount of	funpaid minimum required co	ntributions (line 28 minus line	29)		10				0
Pa	rt VIII Minimum	Required Contribution	For Current Year				<u></u>			
31		nd excess assets (see instruc	· · · · · · · · · · · · · · · · · · ·							
		(line 6)			_	1a			1.	12,766
		pplicable, but not greater than	line 31a			1b	0			
32	Amortization installment				ding Balance	E 7 0	Installment			4,182
		zation installment			۱,	572				4,182
		n installment			ı					U
	(Month	approved for this plan year, er Day Year	)_and the waived amou	int	······································	13	-A			0
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines :			4				16,948
			Carryover balance	Prefun	ding balance		Ι	otal bal	ance	
35	Balances elected for requirement	use to offset funding		0	101,	716			1(	01,716
36	Additional cash requi	rement (line 34 minus line 35)				16				15,232
37	Contributions allocate	ed toward minimum required c	ontribution for current year ad	usted to valuation o	late	37.			•	78,904
38	Present value of exce	ess contributions for current ye	ear (see instructions)				-			
		y, of line 37 over line 36)				8a				63 <b>,</b> 672
		line 38a attributable to use of				8b				63 <b>,</b> 672
39		uired contribution for current y				9				0
40	A COLORED MAN AND AND AND AND AND AND AND AND AND A	uired contributions for all year				10				0
Pa	rt IX Pension	<b>Eunding Relief Under I</b>	Pension Relief Act of 2	010 (See Instru	ictions)					
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:						_	
	a Schedule elected .						2 plus 7 ye			ears
	<b>b</b> Eligible plan year(s	) for which the election in line	41a was made			200	8 2009	2010	) <u> </u> 2	2011
		n adjustment				2				
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		4	3				

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

	<u>For Funding</u> <u>Min Max</u>	For 417(e)	For Actuarial Equiv.		
Interest Rates	Seg 1 4.99% 1.17%	Seg 1 1.19%	Pre-Retirement 5.00%		
	Seg 2 6.32% 4.07%	Seg 2 4.53%	Post-Retirement 5.00%		
	Seg 3 6.99% 5.17%	Seg 3 5.66%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Future Salary Incr	4% salary increase per year	None	None		
Future Insurance	Insurance is assumed to be carried at the current level until retirement		Not applicable		
Post-Retirement					
Mortality	Mortality  Male-modified RP2000 combined healthy male projected 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year		2014 Applicable Mortality Table from Notice 2013-49		
Assumed Benefit Form I	For Funding	Lump Sum			
Calculated Effective Inte	erest Rate	6.84%			
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.			

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

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

**Eligibility** 

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

1 year of service Minimum age 21

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

Normal Retirement Age

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

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

**Normal Retirement Benefit** 

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

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

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

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

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

**Termination Benefit** 

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

Credited Years

Vested Percent

1

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

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

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

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

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

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

A benefit payable for the life of the participant

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

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

#### **Death Benefit**

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

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

## Employer ID# 26-4711666: Plan No. 001 Valuation Date: December 31, 2014

### Pre-funding balance applied:

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<b>Rate</b>	<u>Period</u>	Adj Ctb
03-01-2015	26,313.00	2014	11.84%	03-01-2015 to 04-15-2014	
			6.84%	04-15-2014 to 12-31-2014	24,994.46
	26 212 00	2014	11.84%	03-01-2015 to 07-15-2014	
	26,313.00	2014	6.84%	07-15-2014 to 12-31-2014	25,281.89
			0.84%	07-13-2014 to 12-31-2014	25,261.69
	26,313.00	2014	11.84%	03-01-2015 to 10-15-2014	
			6.84%	10-15-2014 to 12-31-2014	25,572.62
				00 04 0045 . 04 45 0045	
	26,313.00	2014	11.84%	03-01-2015 to 01-15-2015	
			6.84%	01-15-2015 to 12-31-2014	25,866.71
<b>Totals:</b>	105,252.00				<u>101,715.68</u>
Discounted co	ntributions:				
		2014	C 9.49/	08-11-2015 to 12-31-2014	78,903.62
08-11-2015	82,169.00	2014	6.84%	08-11-2013 to 12-31-2014	76,903.02

### SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2014

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

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

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

Attachment to 2014 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 26-4711666 PN: 001

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN

Shortfall Amortization
Plan Year: 1/1/2014 to 12/31/2014
Valuation Date: 12/31/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<b>Installment</b>	<b>Installments</b>
12/31/2010	7-year	3	\$3,068	\$8,775
12/31/2013	7-year	6	\$20,016	\$105,742
12/31/2014	7-year	7	<u>\$(18,902)</u>	<u>\$(112,945)</u>
Total	-		\$4,182	\$1,572

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Eom 5500 or 5500-SE.

2014

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2014

v. 140124

OMB No. 1210-0110

For	calendar	plan year 2014 or fis	scal plan year beginning	01/01/2014		and endi	ng	12/3	1/2014
NI	Round of	ff amounts to neare	st dollar.			<u> </u>			
	Caution:	A penalty of \$1,000	will be assessed for late filing of	this report unless reas	onable ca	use is establishe	ed.		
AN	ame of p	lan				B Ihree-dig	jit		
						plan num	ber (PN)	. )	001
G1	1	G G1	M D DITO D-511	DE:+ D:	D1-				
			M.D., PLLC Defined on line 2a of Form 5500 or 550		on Pla		dentifica	tion Number (E	INI
0	ian spons	SOI S HAITIE AS SHOWI	TOTALLE 24 OF FORM 5500 OF 550	0-01		Liliployer	idei iliilod	tion rumber (L	
Sad	ashiv	S. Shenoy,	M.D., PLLC			26-4711	666		
			ultiple-A Multiple-B	F Prior year p	lan size:	100 or fewer	☐ 101-4	500 More th	an 500
558.558	NEWS N.			1. Tile, \( \)	: <u>0</u>	100 01 101101			
-3336666	8.07.078.000	Basic Informatio	-		2014				
1 2	Assets:	e valuation date:	Month <u>12</u> Da	<u> 31 Year</u>	2014			I	
£		t valua					2a		1 242 622
	_						2b		1,242,632
_						lumber of	``	ford Eugalisa	1,242,632 (3) Total Funding
3	Funding	target/participant co	unt breakdown			ticipants		ted Funding arget	<u>Target</u>
	a For re	tired participants and	d beneficiaries receiving paymen	t		0		0	0
		·	licipants			0		0	0
						4	1	,073,756	1,073,756
						4		,073,756	1,073,756
4			check the box and complete line		L			, 013, 130 <u> </u>	1,073,730
~	•		·			_	. 4a		
		• •	g prescribed at-risk assumptions						
			t-risk assumptions, but disregard han five consecutive years and c				4b		
5									6.84 <b>%</b>
6			122 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				. 6		112,766
State	ment by	Enrolled Actuary							
T	the best of	my knowledge, the informa	ation supplied in this schedule and accompa lations. In my opinion, each other assumption	unying schedules, statements on is reasonable (taking into a	and attachme	ents, if any, is comple	te and accu	rate. Each prescribe	d assumption was applied in
ā	ombination,	offer my best estimate of ar	nticipated experience under the plan.			.,		,	
S	IGN	•	10						
HI	ERE		$\mathcal{A}'$			_	(	0/2/15	-
,			Signature of actuary					Däfē	
Ste	ohen R	. Parks, MSI	PA					14-0457	7
•			Type or print name of actuary				Möst r	ecent enrollmei	nt number
Ret:	remen	t Systems of	Calif., Inc.			_	(	844) 604-	3163
			Firm name			Te	lephone	number (includ	ing area code)
2102	1 Vent	tura Blvd.,	Suite 300						
, ,	1 3 -	7137 -		33 01264					
yood	land F	HILLS	Address of the firm	CA 91364		-			
I# &I	دا شوراس			ated under the state to	in comini-	ting this saked of	la abaci	the hey and	
	actuary no	as not fully reflected	aný regulation or ruling promulga	ated under the statute	in comble	ung uns schedu	e, uneck	the box and se	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Page	2	-	
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s	che	dule	SB	(Form	5500)	2014

Pa	ırt II Begin	ning of Year	Carryove	r and Prefunding B	alances	(0) (	Parriayor balansa	/b\ 1	Profundi	ing balance
7	Balance at begin	nning of prior year	after applica	ible adjustments (line 13 t	rom prior	(a) C	<b>Carryover balance</b>	(0) 1	Teluliu	158,695
8			-	nding requirement (line 35			0			0
9							0			158,695
10				n of <u>0 . 53</u> %			0			841
11				o prefunding balance:			U			041
• •	•			8a from prior year)					Topografie (1987)	145702
	b(1) Interest or	the excess, if an	y, of line 38a	over line 38b from prior y interest rate of 6,62%	ear					140702
	<b>b(2)</b> Interest or	iline 38b from pri	or year Sche	dule SB, using prior year	s actual					9645
				r to add to prefunding balar						155347
	d Portion of (c)	to be added to bre	efundinā bala	ınce						133317
							^			0
12				or deemed elections			0			150526
93.93.810				ine 10 + line 11d – line 12	)		0			159536
P	X-2011.0000000000000000000000000000000000	ding Percenta			- Aven			T	44	
14						40411			14	99.85 %
		j target attainmen							15	111.37 <b>%</b>
16	Prior year's fund	ling percentage fo nding regulremen	r purposes o	f determining whether car	ryover/prefi	inding balar	ces may be used to redu	ce	16	88.06 %
17				less than 70 percent of the					17	%
5000000	0.000.000.000.000	tributions an	****	1.000						
-3 K-5 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	SOLDEN STREET,			ar by employer(s) and emp	olovees:					
	(a) Date IM-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount paid by employer(s)	(4		int paid by oyees
08	3/11/2015		82,169	0						
				APAN I	- 1700					
				1400						
					Totals ▶	18(b)	82,16	9 <b>18(c)</b>		0
19	Discounted emp	loyer contributions	s – see instr	uctions for small plan with	a valuation	date after th		T		
	a Contributions	allocated toward	unpaid minin	num required contributions	from prior	years				0
	<b>b</b> Contributions	made to avoid res	trictions adj	usted to valuation date	• • • • • • • • • • • • • • • • • • • •	***************************************	19b			0
	C Contributions	allocated toward mi	inimum requi	red contribution for current	/ear adjuste	d to valuatior	date 19c			78,904
20		outions and liquidit								
				e prior year?					-	Yes   No
	b If line 20a is "	Yes," were require	ed quarterly	installments for the currer	t year mad	e in a timely	manner?		[	] Yes ⊠ No
	C If line 20a is "	Yes," see instructi	ons and con	iplete the following table a	ıs applicabl	e:				
				Liquidity shortfall as of e		er of this pla			//\ ***	
	(1) 1	st		(2) 2nd		(3)	3rd		(4) 4	<u>n</u>

		ns Used to Determine	Funding Target and Ta	ırget Normal C	ost					
21	Discount rate:  a Segment rates:	1st segment: 4 . 99 %	2nd segment: 6.32 %	3rd 6.	segment: 99 %		☐ N/A,	full yield	curv	e used
b Applicable month (enter code)										2
22		tirement age				2				67
	Mortality table(s) (see		escribed - combined	Prescribed - separ		ibstitut	tē		,	
Pa	rt VI Miscellane	ous Items								
24	Has a change been n	nade in the non-prescribed ac	tuarial assumptions for the cu	rent plan year? If "	Yes," see instr	uctions	s regarding r	equired	Yes	⊠ No
25	Has a method change	e been made for the current p	lan year? if "Yes," see instruc	tions reĝarding red	uired attachme	nt			Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding	required atta	chmen	t:		Yes	X No
27		o alternative funding rules, en			, ,	7				
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior			±11112			
28		uired contributions for all prior				28				0
29	(line 19a)	contributions allocated toward				9				0
30	Remaining amount of	funpaid minimum required co	ntributions (line 28 minus line	29)		10				0
Pa	rt VIII Minimum	Required Contribution	For Current Year				<u></u>			
31		nd excess assets (see instruc	· · · · · · · · · · · · · · · · · · ·							
		(line 6)			_	1a		112,766		
		pplicable, but not greater than	line 31a			1b	0			
32	Amortization installment				ding Balance	E 7 0		Installment		4,182
		zation installment			۱,	572				4,182
		n installment			ı					U
	(Month	approved for this plan year, er Day Year	)_and the waived amou	int	······································	13	-A			0
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines :			4				16,948
			Carryover balance	Prefun	ding balance		Ι	otal bal	ance	
35	Balances elected for requirement	use to offset funding		0	101,	716			1(	01,716
36	Additional cash requi	rement (line 34 minus line 35)				16				15,232
37	Contributions allocate	ed toward minimum required c	ontribution for current year ad	usted to valuation o	late	37.			•	78,904
38	Present value of exce	ess contributions for current ye	ear (see instructions)				-			
		y, of line 37 over line 36)				8a				63 <b>,</b> 672
		line 38a attributable to use of				8b				63 <b>,</b> 672
39		uired contribution for current y				9				0
40	A COLORED MAN AND AND AND AND AND AND AND AND AND A	uired contributions for all year				10				0
Pa	rt IX Pension	<b>Eunding Relief Under I</b>	Pension Relief Act of 2	010 (See Instru	ictions)					
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:						_	
	a Schedule elected .						2 plus 7 ye			ears
	<b>b</b> Eligible plan year(s	) for which the election in line	41a was made			200	8 2009	2010	) <u> </u> 2	2011
		n adjustment				2				
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		4	3				

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

		For Funding Min Max	<u>For 417(e)</u>	For Actuarial Equiv.
Interest Rates	Seg 1	4.99% 1.17%	Seg 1 1.19%	Pre-Retirement 5.00%
	Seg 2	6.32% 4.07%	Seg 2 4.53%	Post-Retirement 5.00%
	Seg 3	6.99% 5.17%	Seg 3 5.66%	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age		retirement age 5 years of ation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Future Salary Incr	4% sala year	ary increase per	None	None
Future Insurance	be carri	ce is assumed to ed at the current atil retirement		Not applicable
Post-Retirement				
Mortality	projecte years Fo RP2000 healthy	nodified RP2000 ed healthy male ed 29 & 21 emale-modified combined female ed 29 & 21 year	2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49
Assumed Benefit Form F	or Fund	ling	Lump Sum	
Calculated Effective Inte	rest Rat	e	6.84%	
Actuarial Cost Method			value of accrued benefits	method was used as a Protection Act. This target equal to the present , and sets the normal cost e of the benefit accrued in

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

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date

January 1, 2007

Plan Year

From January 1 to December 31

**Eligibility** 

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

1 year of service Minimum age 21

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

Normal Retirement Age

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

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

**Normal Retirement Benefit** 

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

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

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

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

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

**Termination Benefit** 

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

Credited Years

Vested Percent

1

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

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

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

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

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

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

A benefit payable for the life of the participant

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

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

#### **Death Benefit**

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

#### Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times theoretical reserves

## Employer ID# 26-4711666: Plan No. 001 Valuation Date: December 31, 2014

### Pre-funding balance applied:

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<b>Rate</b>	<u>Period</u>	Adj Ctb
03-01-2015	26,313.00	2014	11.84%	03-01-2015 to 04-15-2014	
			6.84%	04-15-2014 to 12-31-2014	24,994.46
	26 212 00	2014	11.84%	03-01-2015 to 07-15-2014	
	26,313.00	2014	6.84%	07-15-2014 to 12-31-2014	25,281.89
			0.84%	07-13-2014 to 12-31-2014	25,261.69
	26,313.00	2014	11.84%	03-01-2015 to 10-15-2014	
			6.84%	10-15-2014 to 12-31-2014	25,572.62
				00 04 0045 . 04 45 0045	
	26,313.00	2014	11.84%	03-01-2015 to 01-15-2015	
			6.84%	01-15-2015 to 12-31-2014	25,866.71
<b>Totals:</b>	105,252.00				<u>101,715.68</u>
Discounted co	ntributions:				
		2014	C 9.49/	08-11-2015 to 12-31-2014	78,903.62
08-11-2015	82,169.00	2014	6.84%	08-11-2013 to 12-31-2014	76,903.02

### SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2014

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

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

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

Attachment to 2014 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 26-4711666 PN: 001

## SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN

Shortfall Amortization
Plan Year: 1/1/2014 to 12/31/2014
Valuation Date: 12/31/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<b>Installments</b>	<b>Installment</b>	<b>Installments</b>
12/31/2010	7-year	3	\$3,068	\$8,775
12/31/2013	7-year	6	\$20,016	\$105,742
12/31/2014	7-year	7	<u>\$(18,902)</u>	<u>\$(112,945)</u>
Total	-		\$4,182	\$1,572

### Form 5500-SF

Department of the Treatment of the Treat

Department of Labor Employee Bartellis County Authoristration Penalon Banerii 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 6500-8F.

1210-0099

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Par	Annual Report		1	Instructions to the Fo	rm 6600-8F.	
_rur qu	lendar plan year 2014 or (	scal plan year beginning	01/01/2014	and ending	12,	31/2014
A Thi	a return/report is for:	🗵 a single-amployer plan	The Annual School of the Control of	ver plan (not multiemple nployer information in a	ven /Pllare chest	riere Abire bere en la la company
₽ Thie	feturn/report ls	a one-participent plan the first return/report	Ta cocados biggs			ie ionii (dandonoiia)
,,		an amended return/report	atha final return/re			
			_	raturn/raport (less than	12 months)	
G Che	ck box if fjing under:	Form 5558 special extension (enter desor	autometic extensi	on	N DF	VC program
Part	I Basic Plan Info		•			
	me of plan	rmation—enter all requested inf	ometion			
Sada		M. D. , PLLC Defined	l Benefit		1b Three- plann (PN)	umber
	A A A A A A A A A A A A A A A A A A A				1C Effect	ve date of plan
2a Pia Sadai	n sponsors name and add thiv S. Shenoy,	reas; include room or suite numbe M.D., PLLC	r (employer, if for a ain	gle-employer plan)	2b Employ	1/2007 /ar Identification Number 6-4711666
78 B:	Ownstone Court	•			2c Spons	or's telephone number 631-8735
E Amb	erst					se code (see instructions)
		address XBame sa Plan Sponso	r. N	Y 14051	62121	0
		<b>_</b>	•		3b Adminis	trator's EIN
	name and/or EIN of the p e, EIN, and the plan numb insor's name	ian sponsor has changed aince the er from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
5a Tota	number of participants et	the hardwine of the star			4c PN	
b total	number of participents at	the beginning of the plan year	<b>68</b> 57   F 1 P 2   1585 2 2 2 2   52 - 1 2 F 17 1856 2 4 F - 5 7 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>6</u> a	5
		the end of the plan year				4
diff) To	lete this item)	Can't all the beginning of the plan.		ient plans do not	5c	
	• • • • •	Land at vin na Survind et ilie biell	Asset there is the second seco	***************************************	5d(1)	<u> </u>
e Numb	is number of editor battle	parts at the and of the plan year	.	tetatzijiiiittimazijiki	5d(2)	4
leas th	an 100% vested	wared embioyment during the plan	year with accrued ben	efite that were	F.o.	
Jaution: I Inder pen B or Sone	A penancy for the late of the	ncomplete filing of this return/re pensition set forth in the instruction Igned by an enrolled actuary, as w	port will be execused	United resemble co	use is establish	ed.
ign Ign	rue, correct, and complete	St. C. D.			t, and to the best	of my knowledge and
ERE	Signature of plan admi	Distrator			HENOY	
ION ERE	***************************************		Date	Enter name of individ	ua) algning as pla	n administrator
reparer's	Signature of employer/	plan sponsor , if applicable) and address (includ	Date	Enter name of Individ	usi sioning se em	ployer or plan sponsor
·	t tannang verti timitina	in abbasednic) and godless (NGNG	e room or suite numbe	r) (optional)	Preparer's telep	hone number (optional)
	IK Recturation And Stanton	OMB Control Numbers, see the Inst				

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Form	5500-SF	2014
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6a							*********	∑ Ye	s No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	•	•	-				X Ye	s No			
	If you answered "No" to either line 6a or line 6b, the plan cann							ш.				
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA section 4	021)?	·[	Yes	⊠ No [	Not dete	ermined			
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		(b) End of Year						
а	Total plan assets	7a	1,28	1,285,738			1,324,80					
b	Total plan liabilities	. 7b										
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,28	1,285,738			1,324,8					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total					
а	Contributions received or receivable from:		C -	82,169								
	(1) Employers	. 8a(1)	8.	Z, 10	) 9							
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	. 8a(3)		1 (								
	Other income (loss)	8b		-16	08			Water (Page)	00 001			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				-531 574 5		utoriament et e	82,001			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	4:	2,93	38							
	Certain deemed and/or corrective distributions (see instructions)	. 8e			100							
f	Administrative service providers (salaries, fees, commissions)	. 8f										
q	Other expenses	. 8g			8							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							42,938			
	Net income (loss) (subtract line 8h from line 8c)	. 8i					39,06					
j	Transfers to (from) the plan (see instructions)	8i			113							
Par	t IV Plan Characteristics	1 4										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	ctions:				
	1A 3B 3D											
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteris	ic Cod	les in t	he instruct	ions:				
	V Compliance Questions											
Part 10					Yes	No		Amount				
	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		163	110		Amount				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Χ						
b		•				V						
	on line 10a.)			10b		Х						
C	Was the plan covered by a fidelity bond?			10c	Χ			5	0.0,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's			١.,.		v						
	or dishonesty?			10d	$\vdash$	Х						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all											
	instructions.)			10e		Х						
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Χ						
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х						
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR											
	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								
B	TEACHER.	1-3		101	<b>.</b>		1 44 1 7 50	11 / 44/14/14/1				
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes" see instructions and com	nlete	Schedu	Je SB	(Form	I				
• • •	5500 and line 11a below)							X Yes	s ∏ 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					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	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of		uling			
	granting the waiver,			th		Day		Year				

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if	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	(Form 5500), and skip to line 13					
b	Enter the minimum required contribution for this plan year			12b			
1							
c	Enter the amount contributed by the employer to the plan for this plan	year		12č			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			112d			
е	Will the minimum funding amount reported on line 12d be met by the fo				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?					es X No	)	
If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes	⊠ No
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another plan(s), identify	the plan(s)	to			
H	ที3c(1) Name of plan(s):			3c(2) El	N(s)	<b>13c(3)</b> PN(s)	
Dart	VIII Trust Information (optional)					<u> </u>	
14a Name of trust			14b ⊞	ust's EIN			
I TO I VOITE OF LIGHT							
			1				