Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit R&J BALAGOT MD ASSOCIATES, PC DEFINED BENEFIT PLAN plan number 003 (PN) ▶ 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number R&J BALAGOT MD ASSOCIATES, PC 11-3304383 (EIN) Sponsor's telephone number 561-731-0124 4277 HEMPSTEAD TPKE BETHPAGE, NY 11714-5709 Business code (see instructions) 621111 **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 **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot the contraction of the plan cannot waited th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)? .		Yes	No Not determined
Par							
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year 1097460
	Total plan assets	7a	12437	73			1097400
	Fotal plan liabilities	7b 7c	12457	773			1097460
	ncome, Expenses, and Transfers for this Plan Year	76					
	Contributions received or receivable from:		(a) Amount				(b) Total
	1) Employers	8a(1)	1030)78			
(2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
b (Other income (loss)	8b	-2204	113			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-117335
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g	309	978			
-	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					30978
	Net income (loss) (subtract line 8h from line 8c)	8i					-148313
	Fransfers to (from) the plan (see instructions)	8j					
Part		oj.	ļ				
b Part	If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulity)	ıciary Corı	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····	'	10b		X	
C	Was the plan covered by a fidelity bond?			10c	X		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	lule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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)	`	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		D	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	ed to another plan, or brought under	the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the pla	n(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
					ľ

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-SE

			F File as	an attachment to Form	3300 OF 3300-3F.				
For	calendar	r plan year 2014 or fiscal plan	year beginning	01/01/2014	and	ending	12/31	/2014	
		off amounts to nearest dollar							
_		: A penalty of \$1,000 will be as	ssessed for late filing	of this report unless reason	onable cause is estab	olished.			
	lame of p	olan OT MD ASSOCIATES, PC DE	EEINIEN BENIEEIT DI	ΛNI		e-digit			003
Noc	DALAG	OT MD ASSOCIATES, PC DE	EFINED BENEFIT PL	AN	plan	number	(PN)	•	
СЕ	Plan snon	nsor's name as shown on line	2a of Form 5500 or 5	500-SF	D Emplo	ver Ider	ntificatio	n Number (E	IN)
		OT MD ASSOCIATES, PC	24 01 1 01111 0000 01 0	000 01		-	-33043		,
Ет	ype of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	n size: X 100 or few	er	101-500) More tha	an 500
Pa	rt I	Basic Information							
1	Enter th	ne valuation date:	Month	Day 01 Year 2	2014				
2	Assets:								
	a Marke	et value					2a		1245773
	b Actua	arial value					2b		1245773
3	Funding	g target/participant count brea	ıkdown		(1) Number of	(2) Veste	d Funding	(3) Total Funding
	Ì				participants		Tar	get	Target
	a For re	etired participants and benefic	ciaries receiving paym	ent					
	b For te	erminated vested participants							
	c For a	active participants				2		1267088	1267088
	d Total	l				2		1267088	1267088
4	If the pl	lan is in at-risk status, check tl	he box and complete	lines (a) and (b)	П	ı		<u> </u>	
		ling target disregarding prescr			—		4a		
	_	ling target reflecting at-risk as	•			-			
		risk status for fewer than five					4b		
5	Effectiv	e interest rate					5		6.37%
6	Target	normal cost					6		45481
		y Enrolled Actuary							
á	accordance	of my knowledge, the information suppli with applicable law and regulations. In r	my opinion, each other assur						
(combination	, offer my best estimate of anticipated e	experience under the plan.						
S	IGN								
Н	ERE							02/23/20	16
		Sign	nature of actuary					Date	
AR1	HUR E.	TEILER A.S.A.						14-0115	57
		Type or p	print name of actuary			N	/lost red	ent enrollmer	nt number
PEN	ISION TA	AX STRATEGIES, INC.						212-681	-7970
			Firm name			Telep	hone n	umber (includ	ing area code)
		DWAY, SUITE 1509 , NY 10018							
. 4L V	· i Oitit,	,							
		Δd	dress of the firm						
If the	actuary l	has not fully reflected any reg	ulation or ruling prom	ulgated under the statute	in completing this sc	hedule, d	check th	ne box and se	ee

2 - 1	
	2 - 1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding	Balances								
							(a)	Carryover balance		(b) F	Prefundi	ng balar	се	
7		•	0 ,	• • •	cable adjustments (line 13	•			2653				112057	
8			•	•	unding requirement (line									
9	Amount	remainiı	ng (line 7 minus lir	ne 8)					2653				112057	
10	Interest	on line 9	using prior year's	actual ret	turn of%									
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:									
	a Prese	nt value	of excess contribu	utions (line	38a from prior year)								53104	
					8a over line 38b from prior ye interest rate of6.								3308	
	b(2) Int	terest or	line 38b from prid	or year Scl	nedule SB, using prior yea	ar's actual							3300	
					ear to add to prefunding ba									
			0 0										56412	
	d Portio	n of (c)	to be added to pre	funding ba	alance								56412	
12	2 Other reductions in balances due to elections or deemed elections												0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									168469				
Pa	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age							14	84	1.81 %	
15	5 Adjusted funding target attainment percentage										1.81 %			
16	current year's funding requirement													
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent of	the funding ta	rget, enter	such percentage			17	(0.00 %	
Pá	Part IV Contributions and Liquidity Shortfalls													
18	Contribu	itions ma	ade to the plan for	the plan y	ear by employer(s) and e	mployees:								
(M	(a) Date M-DD-Y)		(b) Amount pa employer		(c) Amount paid by employees	(a) [(MM-DE)							у	
12	/15/2014			30978										
12	/20/2014			72100										
							1				ı			
						Totals ▶	18(b)		103078	18(c)				
19			•		tructions for small plan wi				·					
	_			·	imum required contributio				19a					
					djusted to valuation date				19b					
20					uired contribution for currer	nt year adjusted	to valuation	on date	19c				97127	
20		-	outions and liquidit	•							Г] Vaa [V No	
			_		the prior year?						_	Yes [X No	
					y installments for the curre	-		y manner?				Yes	No	
	C IT line	∠∪a is "	res, see instructi	ons and co	omplete the following table Liquidity shortfall as of			an vear						
		(1) 19	st		(2) 2nd	. Jila oi quarte	(3)	* .			(4) 4th	1		
								-						

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	int rate:									
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment 6.99 %		N/A, fu	ll yield	curve	e used	
	b App	licable month (enter code)			. 21b				3	
22	Weight	ted average ret	irement age			. 22				65	
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	escribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired			
		_							Yes	X No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment			Yes	X No	
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27					
	attachr					~					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years	,					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28					
29		inted employer 9a)	29								
30	Remai	ning amount of	. 30								
Pa	Part VIII Minimum Required Contribution For Current Year										
31			nd excess assets (see instruct								
	a Targe	et normal cost	(line 6)			. 31a				45481	
	_		·	line 31a		. 31b				0	
32	Amorti	zation installme	ents:	Outstanding Bala	ance	Installment					
	a Net s	shortfall amortiz	zation installment								
	b Waiv	er amortization	n installment								
33				ter the date of the ruling letter gra		33					
34				er/prefunding balances (lines 31a		34				45481	
	- Total II	arianing roquiror	none bololo follocallig daily over	Carryover balance	Prefunding bala	1	To	tal bala	ance	40401	
35	Dolone	oo alaatad far	use to offset funding	Odinyovon balanoo	1 Torunaing bala			tai baii	41100		
33											
36	Additio	nal cash requi	rement (line 34 minus line 35).			. 36				45481	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37				97127	
38	•		ess contributions for current ye			· <u>†</u>				0	
						38a				51646	
				prefunding and funding standard of		38b					
39				ear (excess, if any, of line 36 over		39					
40	-		<u> </u>	S		40					
	rt IX			Pension Relief Act of 2010		l					
			de to use PRA 2010 funding re		, , , , , , , , , , , , , , , , , , , ,	,					
						Г	2 plus 7 yea	rs 「	15	years	
				41a was made				2010		2011	
42		· · · · · ·	•	+ ra was made		42	- <u>П</u> 2005 <u>Г</u>		<u> </u>		
				d over to future plan years							
		motamii c iit ac	ooloration amount to be calle	a over to ruture plan years		1 TO 1					

R&J Balagot MD & Associates, PC Defined Benefit Plan Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: R&J Balagot MD & Associates, PC Defined Benefit Plan Normal Retirement Benefit Actuarial Cost Method: PPA06 Funding Rules IRC430 Funding Yield Curve Segmented Rates 4.99% First Segment: Second Segment: 6.32% Third Segment: 6.99% IRC404 Funding Yield Curve Segmented Rates First Segment: 1.35% Second Segment: 4.05% Third Segment: 5.05% Pre-Retirement Valuation Assumptions **Retirement Valuation Assumptions** Mortality Table 2014 430(h)(3)(A)-Optional combined Optional Forms Assumption 100% of participants will elect the Plan Normal Form Pre-Retirement Actuarial Equivalence Assumptions Investment Earnings 5% Effective annual rate Retirement Actuarial Equivalence Assumptions Investment Earnings 5% Effective annual rate Mortality Table 1994 GAR PROJ 2002 Assumptions for IRC415 Maximum Benefit Actuarial Adjustments Investment Earnings 5% Effective annual rate Mortality Table 2014 417(e)(3) Applicable Mortality Table Retirement Protection Act of 1994 Interest Rate for non-life annuities 5% Effective annual rate Investment Earnings

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and \$058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Annual Report Identification					
For calendar plan year 2014 or fiscal plan year begin	nning		and ending		
A This return/report is for:	lis	st of participating e	r plan (not multiemployer) mployer information in acc	(Filers checking this cordance with the for	box must attach a m instructions)
B This return/report is:		foreign plan			
		he final return/repo			
_	return/report a	short plan year re	turn/report (less than 12 n	nonth	
C Check box if filing under: X Form 5558	ansion (enter description)	utomatic extension		DFVC	program
		· · · · · · · · · · · · · · · · · · ·			
Basic Plan Information—ente	r all requested information	on		41	
R&J Balagot MD Associates, PC Defined Benefi	t Plan			1b Three-digit plan number (PN)	003
				1C Effective date of 1/1/2	of plan
2a Plan sponsor's name and address; include roo	om or suite number (emp	loyer, if for a singl	e-emalo, r plan)	2b Employer Iden	tification Number
R&J BALAGOT MD ASSOCIATES, PC			~ (V)	2c Sponsor's tele	
4077 LICADOTE AD TDVC		•.4		561-731-0124	
4277 HEMPSTEAD TPKE BETHPAGE, NY 11714-5709			. •		(see instructions)
3a Plan administrator's name and address X	Same as Plan Sponsor			621111 3b Administrator's	CIN
	outro do maio oponico.			Administrators	, CIN
Same		X		3c Administrator's	telephone number
	_				
		J			
4 If the name and/or EIN of the plan sponsor ha		return/report filed	for this plan, enter	4b EIN	
the name, EIN, and the plan number from the a Sponsor's name	last return/report.			4c PN	
5 a Total number of participants at the beginning	of the pan ye			5a	
b Total number of participants at the end of the		*******	-	5b	2
C Number of participants with account balances					
complete this item)		•••••••		5c	
d(1) Total number of active participants at the t	Y			5d(1)	2
d(2) Total number of active participants at the	of the plan year			5d(2)	2
e Number of participants that terminated employees than 100% vested	ment during the plan ye		nefits that were	5e	
Caution: A penalty for the late or incomplete	filing of this return/ren	oort will be asses	sed unless researche	cause le establishe	
Under penalties of perjury and other senalties set for SB or Schedule MB completed and signer by an entitle belief, it is true, correct, and complete	th in the instructions. I d	leclare that i have :	examined this return/reno	rt including if applic	able a Schedule
P Miland	··· 1	2/23/2016	POMEO BALACOT M	D	
Signature of plan administrator		*******	ROMEO BALAGOT, M		*
\mathcal{O} \mathcal{A})ate	Enter name of individua		ninistrator
Shartware		2/23/2016	ROMEO BALAGOT, M		
Signature of employer/plan sponsor Preparer's name (including firm name, if applicable)		om er suite numbe	Enter name of individua		
Troparor a name (moduling mini hame, it applicable)	and address (include roo	om or suite numbe	r) (optional)	Preparer's telephon	e number (optional)

	Form 5500-SF 2014		Page 2			•			
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an independe and condition anot use For	ent qualified public accors.) m 5500-SF and must	ountant instead	(IQPA)	•••••	X	Yes	No No
c	If the plan is a defined benefit plan, is it covered under the PBGC insurar	nce program (s	ee ERISA section 4021)	?	<u></u>	es X	No No	t determine	ad
	Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of	Year	
<u>a</u>				1,24	15,77 <u>3</u>			1,097	7 <u>,460</u>
	Total plan liabilities		······································		0	1			0
8	Net plan assets (subtract line 7b from line 7a)	. 7c			15,773	4			7,460
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	t			(b) Tot	al	
	(1) Employers	. 8a(1)		1	3,070				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	. 8a(3)			0				
<u>b</u>	Other income (loss)	. 8b		2	0,413				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						-117	7,335
d									
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d		—	***				
<u>v</u>	Administrative service providers (salaries, fees, commissions)	. 8e							
a	Other expenses				20.070				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				30,978			20	0.070
ī	Net income (loss) (subtract line 8h from line 8c)						-		<u>0,978</u> 8,313
_j	Transfers to (from) the plan (see instructions)							- 140	ک _ا ی
	Plan Characteristics		>		 				
9a	If the plan provides pension benefits, enter the applicable pension	cature codes	from the List of Plan (Charact	eristic (Codes in	the instruction	ns:	
b	If the plan provides welfors benefits, extends a welforth and	V.						· · · · · · · · · · · · · · · · · · ·	
~	If the plan provides welfare benefits, enter the applicable welfare	pature codes	from the List of Plan Cl	haracte	ristic C	odes in th	e instruction	s:	
	Compliance Questions	•							
10	During the plan year:	***			Yes	No	Am	ount	
а	Was there a failure to transmit to the plan any participant contributions win 29 CFR 2510.3-102? (See instructions and DOL's collustrations)	vithin the time p	eriod described						
b	Were there any nonexempt transactions with any part in-interest?	Correction Pro	ogram)	10a		X			
	reported on line 10a.)			10b		Х			
	Was the plan covered by a fidelity bond?	•••••		10c	Х			100	0,000
a	Did the plan have a loss, whether or the impursed by the plan's fraud or dishonesty?	fidelity bond, t	hat was caused by	۱.,,					
е	Were any fees or commissions and to prokers, agents, or other	er persons by	an insurance	10d	<u> </u>	Х			
	carrier, insurance service of other chanization that provides some	e or all of the	benefits under						
	the plan? (See instructions.)			10e		X			_
	Has the plan failed to prove any participal learners (18 Year any participal learners) (18 Year any participal learners)			10f		X	,		
h	Did the plan have any participan loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (10g		X			
	2520.101-3.)			10h		X			
j	If 10h was answered "Yes," check the bex if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	tice or one of the	10i					
	Pension Funding Compliance				1.				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	" see instructions and	comple	te Sche	dule SB	X	Yes	No
11a						11a	1	168	INO
12	Is this a defined contribution plan subject to the minimum funding require							Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicable	.)						
а	If a waiver of the minimum funding standard for a prior year is being	ng amortized i	n this plan year, see in	structio	ns, and	enter the	date of the l	etter ruling	 J
	granting the waiver.	***************************************	Month			Day		ear	

	Form 5500-SF 2014 Page 3 -		
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	_	
	Enter the minimum required contribution for this plan year	12b	
С	Enter the amount contributed by the employer to the plan for this plan year	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No X N/A
	Plan Terminations and Transfers of Assets		
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the province assets or liabilities were transferred. (See instructions.)	(s) to	
1;		3c(2) i	EIN(s) 13c(3) PN(s)
	Q		
	Trust Information (optional)		
14a	Name of trust	14b	Trust's EIN

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Single-Employer Defined Benefit Plan Actuarial Information

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

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

		···	File	as an a	ttachm	ent to Fo	rm 5500 •	r 550	0-SF				
	r calendar plan year 2014 or fiscal pla		ginning						and e	nding			
	Round off amounts to nearest doll												
<u> </u>	Caution: A penalty of \$1,000 will be a	388 08800	for late fil	ing of thi	s report	uniess re	asonable o		is establis	hed.			· · · · · · · · · · · · · · · · · · ·
A R&I	Name of plan Balagot MD Associates, PC Define	od Bona	fit Dlan					В	Three-dig	•			
1100	Dalagot MD Associates, FC Delin	Bu Dene	ilit Flam						plan num	ber (PN)		003	
С	Plan sponsor's name as shown en lir	ne 2a of l	Form 5500	or 5500	-SF			D	Employe	lo entin	tion Number	(EIN)	
										•	•	\- ,	
	BALAGOT MD ASSOCIATES, PC							11-3	33° 4383	1.			
Е	Type of plan: X Single Multi	ole-A	Multiple-	В	F	Prior yea	r plan size:	: X	10 or fev	ver	101-500	М	ore than 500
	Basic Information										·		······································
1	Enter the valuation date:	Month _	01	Day	01	Year	2014						
2	Assets:							T	X				
	a Market value	•••••	••••••	••••••						2a			1,245,773
	b Actuarial value									2b			1,245,773
3	Funding target/participant count brea	kdown				•	TO.	vembe	er of	(2) Ves	ted Funding	(3) Total Funding
	_						par	ticipa	nts	7	arget		Target
	a For retired participants and benefi			=		_			0			0	0
	b For terminated vested participants								0			0	0
	C For active participants								2		1,267,08	8	1,267,088
	d Total	••••••	•••••						2		1,267,08	В	1,267,088
4	If the plan is in at-risk status, check the						•••••••	\Box					
	a Funding target disregarding presc			_			***************************************	•••••		4a			
	b Funding target reflecting at-risk as in at-risk status for fewer than five	sumption consecu	ns, but disi itive years	rega ding and tisn	egarding	on rule fo	r plans that	t have	been	4b			
5	Effective interest rate									5	 		. 6.070/
6	Target normal cost									6	 		6.37%
Stat	ement by Enrolled Actuary		.4								1		45,481
	To the best of my knowledge, the information supp accordance with applicable law and regulations. In	lied in this s	tule an	ccompanyi	ing schedul	les, statemer	its and attachn	ments, if	any, is comp	lete and acc	ırate. Each presc	ribed ass	numption was applied in
	accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	experie ce	under the plan	n. N.	is resignat	ole (taking int	o account the	expense	nce of the pla	n and reasor	able expectation	s) and su	ich other assumptions, in
	arthur +	_3	iler				,, <u> </u>			-			·····
		7									2/23/2	016	
	Si		of actuary				W				Date		
Arth	ur E. Teiler A.S.A.		-						14011	57		-	
	ype	print na	me of acti	uary							liment numb	er	······································
Pen	sion Tax Strategies, Inc.			-						81-7970			
		Firm r	name						<u> </u>		e number (in	cluding	area code)
4404	A December 1700									*	•	'G	-,
	Broadway, Suite 1509												
New	York		£41 5		NY	10	018						
16 /			f the firm										
IT the	actuary has not fully reflected any reg	ulation c	or ruling pro	omulgate	ed under	the statu	te in compl	leting	this sched	lule, chec	k the box and	d see	

Schedule SB (Fo	rm 5500) 2014
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Page 2-

	Begl	nning of Year	Carryover	and Prefunding Ba	alances						
7	Balance at be	aginning of prior ye	ear after applic	able adjustments (line 13	from prior		a) Carryover balan			efunding	balance
8	Portion electe	ed for use to offset	prior year's fu	Inding requirement (line 3	5 frem			2,653			112,057
9	Amount rema	ining /line 7 minus	lino 9\					0			0
10	Interest on lin	e 9 using prior yea	r's actual retu					2,653			112,057
11								0			0
••				to prefunding balance: 38a from prior year)	***************************************						50.40
	b(1) Interest	on the excess, if a e SB, using prior y	ny, of line 38a	over line 38b from prior y	/ear				•		53,104
	b(2) Interest	on line 38b from p	rior year Sche	edule SB, using prior year	s actual						3,308
	c Total avail	able at beginning	of current plan	year to add to prefunding	palance	•••				-	56,412
40.5	d Portion of	(c) to be added to	prefunding ba	alance							56,412
12 C	ther reductions	in balances due to	elections or	deemed elections				0			00,712
13 B	alance at begin	ning of current yea	er (line 9 + line	e 10 + line 11d – line 12)				2,653			168,469
	Fund	ing Percentag	jes							-	100,403
14 F	unding target at	tainment percenta	ge						14		94 940/
<u> 15 A</u>	djusted funding	target attainment	percentage			1					84.81%
16 P	'rior year's fundi	ng percentage for	purposes of d	letermining whether carry	er/pren dir	ng balanc	es may be used to	reduce	16		84.81%
17 If	the current valu	ue of the assets of	the plan is les	ss than 70 percent of the f	un. ing target,	, enter su	ch percentage		17		<u>84.36%</u> %
	Cont	ributions and	Liquidity S	Shortfalls							
18 C	ontributions ma	de to the plan for	the plan year l	by employer(s) and emplo	es:						
	(a) Date I-DD-YYYY)	(b) Amount pa employer(aid by	(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount paid			mount p	-
12	2-15-2014		30,978							SITIDIOYEC	
12	2-20-2014		72,100								· · · · · · · · · · · · · · · · · · ·
									· · · · · · · · · · · · · · · · · · ·		
				1						• • • •	
				•							
40.0	Vacanina da anno 1				Totals ▶	18(b)	1	03,078	18(c)		0
19 1	Scounted empl	oyer contributions	- ee istruct	tions for small plan with a	valuation date	e after the	beginning of the y	ear:			
a 1-	Contributions	made to an id rec	in a min imu	m required contributions f	rem prior yea	rs	***************************************	19a			0
	Contributions	allocator word m	rico s adjus	ted to valuation date		······································	•••••				0
20 0	uarterly contrib	utions and liquit	shortfalle:	red contribution for curren	it year adjuste	ed to valu	ation date	19с			97,127
		•									
				prior year?					·····	Yes	X No
				stallments for the current y		a timely n	nanner?			Yes	☐ No
	ir line 20a is "	res," see Instructio		lete the following table as							
	(1) 1:	st	·	Liquidity shortfall as of en (2) 2nd	of quarter o	of this pla (3)		T -	***	446	
			······································	\-/	 	(3)	JI U	┼	(4) 4th	

ane	3
аус	•

	Assumption	s Used to Determine	Funding Target and	arget N	ormal Cost							
21	Discount rate:		····				1					
	a Segment rates:	1st segment: 4.99%	2nd segment 6.32%		3rd segment	: 99%	□ N/A	, full yield	curve u	sed		
	b Applicable month (<u> </u>	0.0270		* * * * * * * * * * * * * * * * * * * *	21b	 	3	·····			
22	Weighted average retire	rement age				22		<u>``</u>	<u></u>	65		
23	Mortality table(s) (see	instructions) X F	Prescribed - combined	Preso	cribed - separate	Substi	tute					
	Miscellaneous Items											
24			ctuarial assumptions for the c	urrent plar	year? If "Yes," see in	struction	regarding	require	1			
	attachment							🔲	Yes	X No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attach							🔲	Yes	X No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment									X No		
27			nter applicable code and see			27						
	Reconciliati	on of Unpaid Minimu	ım Required Contribu	tions Fo	or Prior Years							
28	Unpaid minimum requir	red contributions for all prior	r years			28				0		
29	Discounted employer c	contributions allocated towar	rd unpaid minimum required	contribution	ns from vior years	29				0		
30	Remaining amount of u	unpaid minimum required co	ontributions (line 28 minus line	9 29)		30				0		
	Minimum Re	equired Contribution	For Current Year	. 4								
31	Target normal cost and	l excess assets (see instruc	tions):									
					•	31a				45,481		
	b Excess assets, if applicable, but not greater than line 31a						0					
32		Excess assets, if applicable, but not greater than line 31a			Outstanding Bal	ance	Installment					
				-			<u> </u>					
33	· · · · · · · · · · · · · · · · · · ·				·····	Ι	ļ					
						33						
34	Total funding requireme	ent before reflecting carryov	er/prefut ding s lances (lines	31a - 31b	+ 32a + 32b - 33)	34				45,481		
			c ryover balance		Prefunding bala	nce		Total b	alance			
35										0		
36	Additional cash require	ement (line 34 minus line 35				36	 			45,481		
37						37						
38	Present value of exces	s contributions for covent	ear (see instructions)			L.,,,	.l			97,127		
	a Total (excess, if any	y, of line 37 over line 66)			•••••	38a]			51,646		
	b Portion included in line 38a and but two use of prefunding and funding standard carryover balances					38b	01,040					
39	Unpaid minimum required contribution or current year (excess, if any, of line 36 over line 37)					39				0		
40	Unpaid minimum required skributions for all years							0				
	Pension Fur	nding Nelief Under P	ension Relief Act of 2	010 (See	Instructions)	-						
41	If an election was made	e to use PRA 2010 funding	relief for this plan:					•				
	a Schedule elected						2 plus	s 7 years	<u>, </u>	15 years		
	b Eligible plan year(s) for which the election in line 41a was made					20	08 20		2010	2011		
42	Amount of acceleration	adjustment		<u> </u>		42						
43	Amount of acceleration adjustment				43	T -						

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趙	R&J Balagot MD & Associates, PC Defined Benefit Plan						
ᅫ	Schedule SB, line 19 - Discounted					世	
刑	Plan Name: R&J Balagot MD & Associates, PC Defined Benefit Plan						
开				Effective		审	
珥			Plan	Rate of	Discounted	臣	
誀	Date	Amount	Year	Interest	Amount	卢	
田	12/15/2014	30978.00	2014	6.37%	29207.00	古	
詽	12/20/2014	72100.00	2014	6.37%	67920.00		
詽	Total for Minimum Required Contribution	103078.00			97127.00	片	
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古						占	
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R&J Balagot MD & Associates, PC Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: R&J Balagot MD & Associates, PC Defined Benefit Plan valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of rotirement is assumed to the date of rotirement is assumed to the date. The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

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杊	R&J Balagot	MD & Associates, PC Defined Benefit Plan	₽
尹	Schedule	SB, Part V - Summary of Plan Provisions	团
泔	Plan Name: R&J Ba	alagot MD & Associates, PC Defined Benefit Plan	늡
팎	DI 5" " D '	1 0000	Ħ
빞	Plan Effective Date	January 1, 2006	苎
븪	Plan Anniversary Date	January 1, 2014	片
빞	Participation Eligibility	Minimum age: 21 and	苎
羋		Minimum months of service: 12	出
#	Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements	#
뀨	Normal Retirement Date	First day of the month coincident with or following age 65 and the completion of	H
뀨		5 years of participation	片
뷔		Not to exceed the later of age 65 and 5 years of participation	片
毌	Normal Form of Benefit	Single Life Annuity	田
甴		(Qualified Joint and Survivor annuity is the required standard option)	世
尹	Normal Retirement Benefit	8% per year of service times comp	4
귶	Normal Netherit Benefit	Benefit reduced before offset by 1/0 for each year of service less than 0	占
뀪		Maximum total years of service: 25	H
井		Maximum years of past service: 5	片
붜		Minimum benefit: \$833.00 per month	片
凸		IRC415 maximum annual benefit: \$210,000	田
巾		Actuarially adjusted under IRC415(b) for benefit	#
尹		commencement age and benefit form	中
泔		Benefit limited to 100% of compensation	占
픾		Minimum benefit: 2% of compensation per year of topheavy plan service up to	压
뷮		10 (actuarially adjusted for benefit form)	苎
붜	Compensation Definition	Highest consecutive 3 year average salary over all service	片
屯	Compensation Delimition	Annual salary up to \$260,000 considered	里
廾			H
尹	Pre-Retirement Death Benefit	Lump sum payable on death of participant	团
泔	Benefit Amount	100 times the normal retirement benefit	古
픾		Minimum death benefit: \$2,000.00	压
붜	Vested Retirement Benefit	Vesting Schedule:	片
뷔	- 33.34 Note Small Bollont	20% a year after 2 years (100% after 6 years)	出
屯		Exclude service before effective date	田
#		Computation Period: Elapsed Time Method	H
尹		Based on periods of service rounded to nearest year	\Box
尹	Assured Deliversers Demo-St		古
뀨	Accrued Retirement Benefit	Pro-rated on service	H
붜		Maximum number of years of past credited benefit accrual service is 5	片
붜			出
坦			田
4			
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开			六
뒤			F
붜			片
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