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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1			
For calend	lar plan year 2015 or fi	scal plan year beginning 01/01/	2015	and ending 12	2/31/2015	
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) employer information in ac	•	
		a one-participant plan	a foreign plan			
B This ret	urn/report is	X the first return/report	the final return/repor			
C at t		an amended return/report	a short plan year ret	urn/report (less than 12 mo		
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	1	☐ DFVC	program
Part II	Basic Blan Info	prmation —enter all requested in	• •			
		Diffiation—enter all requested in	liornation		1b Three-digit	
1a Name SURENDRA		I PC DEFINED BENEFIT PLAN			plan numb	
					1c Effective d	ate of plan 01/01/2015
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Roy)			dentification Number
City or	r town, state or provinc	ce, country, and ZIP or foreign pos		structions)	(EIN) 2c Sponsor's	46-5198451 telephone number
SURENDRA	GUPTA PHYSICIAN	PC			5	16-621-4296
1 HEMLOCK	(LANE				2d Business c	ode (see instructions)
ROSLYN HE	EIGHTS, NY 11577					621111
3a Plan a	administrator's name a	nd address XSame as Plan Spon	sor.		3b Administrat	tor's EIN
					3c Administration	or's telephone number
name	e, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	I for this plan, enter the	4b EIN	
	sor's name	at the heginning of the plan year			4c PN 5a	1
_		s at the beginning of the plan year. s at the end of the plan year			5b	1
C Numb		account balances as of the end of		nefit plans do not	5c	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	1
		articipants at the end of the plan ye		ľ	5d(2)	1
		terminated employment during the			5e	0
		or incomplete filing of this retur				
SB or Sche		ther penalties set forth in the instru ind signed by an enrolled actuary, iplete.				
SIGN HERE	Filed with authorized	/valid electronic signature.	07/07/2016	SURENDRA GUPTA		
HEKE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	n administrator
SIGN HERE	O'matur (Det	Estado de 11 maio	and administra	alassa an ala
	Signature of emplo		Date			ployer or plan sponsor
FiepaleiS	name (including ilim f	name, if applicable) and address (i	noidue room or suite numi	ucı j	Preparer's telep	TIONE HUMBEI

Form 5500-SF 2	2015		Page 2							
b Are you claiming a wair under 29 CFR 2520.10	assets during the plan year invested in eligib ver of the annual examination and report of 04-46? (See instructions on waiver eligibility of to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
	benefit plan, is it covered under the PBGC ir						_	X No	Not detern	nined
Part III Financial Ir	nformation							- —		
7 Plan Assets and Liability			(a) Beginning	of Ye	ar			(b) End	of Year	
		. 7a	(a) = 0 g	,	0			(=) =::=	13000	00
b Total plan liabilities										
C Net plan assets (subtra	act line 7b from line 7a)	. 7с			0				13000)0
8 Income, Expenses, and	d Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
a Contributions received (1) Employers	or receivable from:	. 8a(1)		130	0000					
(2) Participants		. 8a(2)			0					
(3) Others (including re	ollovers)	. 8a(3)								
b Other income (loss)		. 8b								
,	s 8a(1), 8a(2), 8a(3), and 8b)	. 8c							13000)0
	g direct rollovers and insurance premiums	. 8d								
	corrective distributions (see instructions)	. 8e								
f Administrative service	providers (salaries, fees, commissions)	. 8f			0					
g Other expenses		. 8g			0					
h Total expenses (add lin	nes 8d, 8e, 8f, and 8g)	. 8h								0
i Net income (loss) (subt	tract line 8h from line 8c)	. 8i							13000)0
j Transfers to (from) the	plan (see instructions)	8j								
Part IV Plan Chara	acteristics									
Part V Compliance	elfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara				e instructi	ons:	
10 During the plan year:					Yes	No	N/A		Amount	
described in 29 CFR	transmit to the plan any participant contribu 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				
	xempt transactions with any party-in-interest									
				10b		X				
·	d by a fidelity bond?			10c		X				
by fraud or dishonesty	oss, whether or not reimbursed by the plan's y?			10d		X				
carrier, insurance ser	nmissions paid to any brokers, agents, or oth vice, or other organization that provides som ctions.)	ne or all of	the benefits under	10e		X				
	provide any benefit when due under the pla			10f		Χ				
g Did the plan have any	/ participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Χ				
h If this is an individual	account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10h						
i If 10h was answered	"Yes," check the box if you either provided the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j Did the plan trust incu	ur unrelated business taxable income?			10j		X				
Part VI Pension Fun	nding Compliance				-					
11 Is this a defined benef	fit plan subject to minimum funding requirem				•			•	X Yes	☐ No
,	mum required contribution for all years from						11a			0
	ribution plan subject to the minimum funding						302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19 Were in-service distributions made during the plan year?					s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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).

2015 This Form is Open to Public

Inspection

OMB No. 1210-0110

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

					,	aii attaoi				J					
For	calendar	plan year 2015	or fiscal pla	n year b	eginning 0°	1/01/201	5			and endi	ng 1 <mark>2/</mark> 3	31/2015	5		
•	Round of	f amounts to	nearest doll	ar.											
•	Caution:	A penalty of \$1	1,000 will be	assesse	d for late filing o	f this rep	ort unless reasor	nable ca	use is	establishe	ed.				
	Name of p IRENDRA		SICIAN PC E	EFINED	BENEFIT PLAI	N			В	Three-dig plan num	•)	•	001	
	•	sor's name as s		e 2a of F	Form 5500 or 550	00-SF			D	Employer	Identifica 46-519		ımber (E	IN)	
E 1	ype of pla	n: X Single	Multiple-	A [] N	/lultiple-B		F Prior year plan	ı size: 🔀	100	or fewer	101-5	600	More th	an 500	
Pa	art I E	Basic Inforr	mation												
1	Enter th	e valuation dat	e:	Month	1 <u>12</u> [Day <u>3</u> *	1 Year <u>20</u>	015	_						
2	Assets:														
	a Marke	t value									2a				0
	b Actua	rial value									2b				0
3	Funding	target/particip	ant count bre	akdown	1			` '	Numbe rticipa		(2) Ves	ted Fu	nding	(3) Total Funding Target	I
	a For re	tired participar	nts and bene	ficiaries ı	receiving payme	ent				0			0		0
	b For te	erminated veste	ed participan	S						0			0		0
	C For ac	ctive participan	ts							1			0		0
	d Total									1			0		0
4							ınd (b)		П						
	•				•	. ,			ш		4a				
	b Fundi	ng target reflec	cting at-risk a	ssumpti	ons, but disrega	rding trai	nsition rule for pla	ans that	have l	been in	4h				
5	Effective	e interest rate									5			6.09	%
6	Target r	normal cost									6			115	741
	To the best of accordance v		e information sup and regulations. I	n my opinio	on, each other assump									ed assumption was applied and such other assumption	
	SIGN IERE											(07/05/20	016	
			Si	gnature o	of actuary					·			Date		
THE	ODORE	ANDERSEN, M	И.А.А.А., MS	PA					_				14-0203	34	
			Type o	r print na	ame of actuary						Most r	ecent e	enrollme	nt number	
PEI	NSION AS	SOCIATES							_				203-356	-0306	
		MAIN STREET CT 06902	SUITE 230	Firm n	name					Te	elephone	numbe	er (includ	ling area code)	
			P	ddress	of the firm				_						
	actuary h	as not fully ref	lected any re	gulation	or ruling promu	lgated ur	nder the statute ir	comple	eting th	nis schedu	ıle, check	the bo	x and se	ее	
	, , , , , , , , , , , , ,														

Page	2	_

Pa	art II	Begi	nning of Year	Carryov	er and Prefunding Ba	alances						
							(a) (Carryover balance		(b) l	Prefundi	ng balance
7		-			cable adjustments (line 13 f	•			0			0
8			•	-	unding requirement (line 35				0			0
9	Amount	t remain	ing (line 7 minus lir	ne 8)					0			0
10	Interest	on line	9 using prior year's	actual ret	urn of%				0			0
11	Prior ye	ar's exc	ess contributions to	be added	I to prefunding balance:							
	a Prese	ent value	e of excess contribu	utions (line	38a from prior year)							0
					Ba over line 38b from prior ye interest rate of%							0
	b(2) In	iterest o	n line 38b from pric	or year Sch	edule SB, using prior year's	s actual						0
												0
	_				ear to add to prefunding balar							0
	d Portion	on of (c)	to be added to pre	funding ba	lance							0
12	Other re	eduction	s in balances due t	o elections	or deemed elections				0			0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0				
P	art III	Fur	nding Percenta	iges								
14	Funding	gtarget	attainment percent	age							14	100.00 %
15	Adjuste	d fundin	g target attainment	percentag	je						15	110.96 %
16					of determining whether car						16	0.00 %
17	If the cu	ırrent va	lue of the assets o	f the plan is	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Cor	ntributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N/	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(0	,	int paid by oyees
	3/15/2016		cmployer	130000	О	(WIW DE	, , , , , ,	cripicycr	<u> </u>		СПР	oyees
- 00	<i>5/</i> 10/2010			130000	V							
			•	•		Totals ▶	18(b)		130000	18(c)		0
19	Discour	nted emp	oloyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of the	year:			
	a Conti	ributions	allocated toward u	ınpaid min	imum required contributions	from prior	years	<u>.</u>	19a			0
	b Contr	ributions	made to avoid res	trictions ac	ljusted to valuation date				19b			0
	C Contr	ributions	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted	d to valuation	n date	19c			128434
20		•	butions and liquidit	•								
	a Did th	he plan	have a "funding sh	ortfall" for t	he prior year?						[Yes X No
	b If line	20a is	"Yes," were require	d quarterly	installments for the current	t year made	in a timely	manner?			<u></u>	Yes No
	C If line	20a is	'Yes," see instruction	ons and co	mplete the following table a							
		(1) 1	et I		Liquidity shortfall as of e	nd of quarte	er of this pla (3)	n year 3rd			(4) 4tl	<u> </u>
		(1) 1	<u>.</u>		(<i>L)</i> LIIU		(3)	Jiu	+		\¬/ ¬ 11	•

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost				
21				· anamg rangerana range	<u> </u>				
	a Seg	ment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	curve	used
	b Appl	licable month (enter code)			21b			0
22	Weight	ted average ret	tirement age			. 22			75
23	Mortali	ty table(s) (se	e instructions)	escribed - combined Pre	escribed - separate	Substitut	e		
Pa	rt VI	Miscellane	ous Items						
24		-		tuarial assumptions for the current				l 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		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27			
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years				
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28			0
29				d unpaid minimum required contrib		29			0
30	Remai	ning amount of	f unpaid minimum required co	ntributions (line 28 minus line 29).		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31			nd excess assets (see instruc	,		1			
	a Targe	et normal cost	(line 6)			. 31a			115741
				line 31a		31b			0
32		zation installme			Outstanding Bala		Installm	ent	
						0			0
				to the date of the order of the order	1	0			0
33				ter the date of the ruling letter gra) and the waived amount		33			0
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	- 31b + 32a + 32b - 33)	. 34			115741
				Carryover balance	Prefunding bala	nce	Total bal	ance	
35			use to offset funding						
36	Additio	nal cash requi	rement (line 34 minus line 35)			. 36			115741
37			-	ontribution for current year adjuste		37			128434
38	Presen	nt value of exce	ess contributions for current ye	ear (see instructions)					
	a Total	(excess, if any	y, of line 37 over line 36)			. 38a			12693
	b Porti	on included in	line 38a attributable to use of	prefunding and funding standard of	carryover balances	38b			0
39				ear (excess, if any, of line 36 over		. 39			0
				S		40			0
	rt IX			Pension Relief Act of 2010	(See Instructions)			
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:			-	_	
	a Sche	edule elected				<u></u>	2 plus 7 years	15 y	rears
	b Eligib	ble plan year(s) for which the election in line	41a was made			3 2009 2010) [] 2	2011
			-			42			
13	Evenes	inctallment ac	celeration amount to be carrie	d over to future plan vears		43			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor loyee Benefile Security Administration chelon Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Annual Repo	rt Identification Informati	receivance will me illen	ucuons to (ne rorm sat	10-21.				
calendar plan year 2015 or		01/01/2015	and ending	12/31/20	15			
	x a single-employer plan		plan (not multiemployer)					
This return/report is for:	\	a list of participating	employer information in a	accordance with (he form instructions)			
	a one-participant plan	a foreign plan						
This return/report is:	the first return/report	the final return/repor						
	an amended return/report	a short plan year ref	um/report (less than 12 m	nonths)				
Check box if filing under:	Form 5558	automatic extension		☐ DFVC	program			
(0.02/0.01/0.01)	special extension (enter de							
an III Basic Plan In	formation enter all request	ed information						
Name of plan	***			1b Three-dig				
SUKENDRA GUPTA PH	YSICIAN PC Defined Bene	efit Plan		plan numi (PN) ►	001			
				1c Effective date of plan 01/01/2015				
Plan sponsor's name (emp Mailing Address (include re	ployer, if for a single-employer plan born, apt., suite no. and street or F)) 2 () (Base)		2b Employer	Identification Number			
City or town, state or provi	nce, country, and ZIP or foreign po	tructions)		3-5198451				
SURENDRA GUPTA PH	YSICIAN PC	•		telephone number 21-4296				
1 HEMLOCK LANE 2d Susiness code (see instructions) 621111								
us roslyn heights ny 1:	1577			ASTIT				
Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN								
				sound do Penil				
				3c Administra	tor's telephone numbe			
If the name and/or FIN of the	he plan sponsor has changed sinc	on the lamb and one has a set filled it						
name, EIN, and the plan no	umber from the last return/report.	e me test remuntebout diéa l	or this plan, enter the	4b EIN				
Sponsor's name				4c PN				
Total number of participant	s at the beginning of the plan year	[] == u = [== u = r - r - r - r - r - r - r - r - r - r	*** (/ *** - / * * * * * * * * * * * * * * *	5a	1			
Total number of perticipant	s at the end of the plan year	e (tpatho f fabhe I , ovas leveldayystalfabreddinnes fraste	i bi uurb) nata kasung j «kata kennus j pannag nan	5b	1			
Number of participants with complete this item)	account balances as of the end o	of the plan year (defined ben	efit plans do not	Sc	······································			
	articipants at the beginning of the p		T T	5d(1)	ĭ			
?) Total number of active pa	articipants at the end of the plan ye	[] [] F*********************************	# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	5d(2)	1			
Number of participants that less than 100% vested	terminated employment during the	e plan year with accrued ber	efits that were	5e	0			
ition: A penalty for the late	e or Incomplete filing of this retu	ırn/report will be assessed	unless reasonable cau	se is establishe	1.			
	other penalties set forth in the instr							
	and signed by an enrolled actuary	, as well as the electronic ve	rsion of this return/report,	, and to the best o	of my knowledge and			
ef, it is true, correct, and cor	Ubnera.)	La contact		W				
394	My and	bi. [: r	Surendra Gunta					
RE Signature of plan add	ministrator \	Date	Enter name of individua	l signing as plan	administrator			
an.	7	91.7.16	Surendra Gupta					
ME Signature of employe	y/plan sponsor	Date	Enter name of individual	i signing as empl	oyer or plan eponsor			
parer's name (including firm	name, iPapplicable) and address;	Include room or suite numb	er l	Preparer's telepi	one number			

-	Form 5500-SF 2015		Page 2		y					
_	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	***))****	r)+4F4#*)	10000000			XYes	No
	Are you claiming a waiver of the annual examination and report of a			intant ((IQPA	N)				
ļ	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility at	nd conditio	ns.)						X Yes	No
- 1	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forr	n 5500-SF and must inst					r ies 1 v.	Francis Land	
: :	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section	1 4021)?		Yes	XIN	o Not de	termined
	Financial Information	n dell'intercell'itemies	4							
4	Plan Assets and LiabIllties		(a) Beginning of	Year		<u> </u>		(b) End	l of Year	
1	Total plan assets	7a_		·····	0	ļ			130,	000
<u> </u>	Total plan liabilities	<u>7</u> b				-				
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	# !	0		·	/h)	130, Total	000
a.	Contributions received or receivable from:	1								44.74.7
<u> </u>	(1) Employers	8a(1)	13	30,00				<u> </u>		
***************************************	(2) Participants	8a(2)			0					
<u>_</u>	(3) Others (including rollovers)	8a(3)								
b	Other Income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bb 8c							<u> </u>	<u> </u>
ď	Benefits paid (including direct rollovers and insurance premiums								130,	<u> </u>
	to provide benefits)	Bd				- 1		1,000		4
e	Certain deemed and/or corrective distributions (see instructions)	8e						<u> </u>		.
f	Administrative service providers (salaries, fees, commissions)	8f			0	1 2	e i			
g	Other expenses	8g		a lest le tollès	0					<u> </u>
h	Total expenses (add lines 6d, 8e, 8f, and 8g)	8h			<u> </u>	1	<u> </u>		130,	000
i	Net Income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	18			Marie US			(Arrivates)	130,	
á	wit W Plan Characteristics	<u> </u>				CONTRACTOR OF				
b	If the plan provides pension benefits, enter the applicable pension fe 1A If the plan provides welfare benefits, enter the applicable welfare fea									
This wide	artV Compliance Questions			1		No	NA		Americant	
<u>10</u> ε	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	the time period	- 	Yes	MO		Marie	Amount	
•	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)	PEN (A4PHVNY4444V1V		10a		X	100			
_ k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		******	10b		X				uu _{uud} uusuu _s aan maa
	Was the plan covered by a fidelity bond?			10c		<u> </u>) Miles and a second of the se		
_	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	******	* ****** ***** ***** ***** ***** *****	10d		X		<u> </u>		
•	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of t	the benefits under	10e		x				
				10f		X		, — — - · }		
•	At the A Company of the Annual Company of the Compa			10g		х				
<u></u>	Did the plan have any participant toans? (it 'res, 'enter amount a' If this is an individual account plan, was there a blackout period? (AND THE PERSON NAMED IN COLUMN				
	2520.101-3.)	*******		10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	_					
1500	Did the plan trust incur unrelated business taxable income?			10j		ж		<u> </u>		
P	ert VI Pension Funding Compliance				1-4	<u> </u>		/r=		j
1	5500) and line 11a below)	*** * [* ##*********	iàop 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*******	· Phunu. F.	*******	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(CONT)	X Ye	s 🔲 No
1	a Enter the unpaid minimum required contribution for current year for	rom Sched	lule SB (Form 5500) line 4	<u></u>	*******		11a		7 7-17	s 🗶 No
1	2 61/91 dred c 1877 ON plan subject to the minimum funding	requireme	ents of section 412 of the C	ode c	or sec	uon 3	UZ OI L	MOA?	··· J L—J Te	A MIT INC

	Form 5500-SF 2015	Page 3-						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in the granting the waiver.	is plan year, see instru Month		enter t		the let	ter rul	ing
Mina	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),			<u> </u>				
b	Enter the minimum required contribution for this plan year			12b				
		####{ ^Ax##### Ax#### .***####).*#####		12c			·	
d	Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a negative amount)			12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadlin	e? .,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****		Yes [] No		N/A
	VIII Plan Terminations and Transfers of Assets		-					
3a	Has a resolution to terminate the plan been adopted in any plan year?	44) headdau) 2000 au 2 kwaan 2			Yes 🗓 N	l <u>o</u>		
_	If "Yes," enter the amount of any plan assets that reverted to the employer this year	-4:4:00004XXXXXI;0CXXXXV4		13a				_
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC7			ntrol		Υ _ε	s (X	No
-	If during this plan year, any assets or liabilities were transferred from this plan to eno which assets or liabilities were transferred. (See instructions.)	ther plan(s), identify th	ne plan(s) to			·········		
 	3c(1) Name of plan(s):		136	(2) EII	V(s)	130	¢(3) F	N(5)
	Viii Trust Information							
4a	Name of trust			14b	Trust's EIN			
14c	Name of trustee or custodian				Trustee or ephone nu		tian's	
Per	IRS Compliance Questions							
15a	le the plan a 401(k) plan:	***************************************		ΓŢΥ	es		lo	<u> </u>
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emp	loyee deferrals and e		□ b	esign- ased safe arbor iethod		DP/A	CP
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii))?	2(a)(2)(ii) and 1.401(r		☐ Y	es		lo	
_	Check the box to indicate the method used by the plan to satisfy the coverage require			L F	latio ercentage est		veraç lenefi	je t Test
		\$ \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	**4 *********		es			
	Has the Plan been timely amended for all required law changes?	**************************************		A	es		10	N/A
	Date of the last plan amendment/restatement for the required tax law changes was a Instructions for tax law changes and codes).				ceble code)
	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volur advisory letter, enter the date of that favorable letter / / . and tr							
	If the plan is an individually-designed plan and recieved a favorable determination let determination let			of pla	ın's last fav	orable		
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	OLDIA O'S' AIRTHOR	ilias) i		es			
19	Were in-service distributions made during the plan year?	.mm=	***************************************		res	יו	,	
20	If Yes, enter amount Were minimum required distributions made to 5% owners who have attained age 70	(regardless of wheth	10f Of	19	/es	[]	No.	□ N/A
Æ.U	not retired) as required under section 401(a)(9)?	Person transivanni vanni (vanna i vanna						

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

Surendra Gupta Physician PC Defined Benefit Plan 81-0901448 / 001 For the plan year 01/01/2015 through 12/31/2015

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

Schedule SB, line 19 - Discounted Employer Contributions

Surendra Gupta Physician PC Defined Benefit Plan 81-0901448 / 001

For the plan year 01/01/2015 through 12/31/2015 Valuation Date: 12/31/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	03/15/2016	\$130,000					
Applied to Additional Contribution	12/31/2015	12,848	12,693	0	0	6.09	0
Applied to MRC	12/31/2015	117,152	115,741	0	0	6.09	0
Totals for Deposited Contribution		\$130,000	\$128,434	\$0	\$0		

Schedule SB, Part V Summary of Plan Provisions

Surendra Gupta Physician PC Defined Benefit Plan 81-0901448 / 001

For the plan year 01/01/2015 through 12/31/2015

Employer: Surendra Gupta Physician PC Defined Benefit Plan

Type of Entity - S-Corporation

EIN: 81-0901448 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2015 Year end - 12/31/2015 Valuation - 12/31/2015

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

Minimum age - 21 Months of service - 12

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

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

Retirement: Normal - Attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Derived from the graded benefit formula below:

001

Employee Classification Benefit Formula

001 7% of average monthly compensation per year of participation beginning year 1

limited to 5 year(s) minus Floor Offset

002 7% of average monthly compensation per year of participation beginning year 1

limited to 5 year(s)

1 limited to 50 year(s)

002 minus Floor Offset

003 0.5% of average monthly compensation per year of participation beginning year

003 minus Floor Offset

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

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

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

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

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

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity
Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Schedule SB, Part V Summary of Plan Provisions

Surendra Gupta Physician PC Defined Benefit Plan 81-0901448 / 001

For the plan year 01/01/2015 through 12/31/2015

Vesting Schedule:YearsPercent 0%

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

Service is calculated using all years of service

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

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

Surendra Gupta Physician PC Defined Benefit Plan 81-0901448 / 001

For the plan year 01/01/2015 through 12/31/2015

Valuation Date: 12/31/2015

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

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

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

permitted under IRC 430(h)(2)(C)

Segment rates for the Valuation Date as

Segment #	Year	Rate %
Segment 1	0 - 5	1.39
Segment 2	6 - 20	3.98
Segment 3	> 20	5.00

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment #	Year	Rate %
Segment 1	0 - 5	4.72
Segment 2	6 - 20	6.11
Segment 3	> 20	6.81

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -15C - 2015 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest -8.5% Post-Retirement - Interest -8.5%

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

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

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

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

Normal Form for MVAR - Joint with 100% Survivor Benefits

401(a)(26) Testing:

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

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

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 Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/	2015	and ending	12/	31/201	5
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this report u	inless reasonable ca	use is establishe	<u>d</u>		
A Name of plan		B Three-digi	t		
SURENDRA GUPTA PHYSICIAN PC Defined Benefit Plan	plan numb	er (PN)	•	001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	·	D Employer Ide	entificati	on Numb	er (EIN)
SURENDRA GUPTA PHYSICIAN PC		4 (5-5198	8451	
E Type of plan: X Single	rior year plan size:[2	【100 or fewer ☐]101-50	00 🔲 N	lore than 500
Part I Basic Information					
1 Enter the valuation date: Month 12 Day 31	Year2015		Mec.		
2 Assets:					
a Market value		[2a		0
b Actuarial value			2b		0
3 Funding target/participant count breakdown:	(1) Number of	(2) Vested		g	(3) Total Funding
	participants	Targ	jet		Target
a For retired participants and beneficiaries receiving payment	0			0	0
b For terminated vested participants	0			0	0
C For active participants	1			0	0
d Total	1			0	0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions			4a		
b Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding		have been in	4b		
5 Effective interest rate	-		5	············	6.09 %
6 Target normal cost			6		115,741
Statement by Enrolled Actuary		·			220//12
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (combination, offer my best estimate of anticipated experience under the plan.					
SIGN HERE				07/05/2	2016
Signature of actuary				Dat	e
Theodore Andersen, M.A.A.A., MSPA				14-0203	
Type or print name of actuary		·	Most re	cent enro	Ilment number
Pension Associates			(20	3) 356	-0306
Firm name		Tel	ephone	number (i	ncluding area code)
2001 West Main Street Suite 230				(J,
US Stamford CT 06902					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	the statute in compl	eting this schedu	e, checl	k the box	and see

	So	chedule SB (Form 5500) 2015		Page 2	2					
Pa	rt II	Beginning of Year Carryov	er and Prefunding Bal	ances						
					(a) (Carryover balance)	(b) F	Prefundi	ng balance
7		e at beginning of prior year after appli					0			0
	, ,									
8		elected for use to offset prior year's far)					0			0
9	Amount	remaining (line 7 minus line 8)					0			0
10	Interest	on line 9 using prior year's actual ret	turn of0.00%				0			0
11	Prior ye	ar's excess contributions to be added	d to prefunding balance:							
	a Pres	ent value of excess contributions (lin	e 38a from prior year)							0
	` '	terest on the excess, if any, of line 3	• •							
	S	chedule SB, using prior year's effecti	ve interest rate of	9 %						0
	b(2) Ir	nterest on line 38b from prior year Sci	hedule SB, using prior year's a	actual						
	re	eturn	•••••							0
	C Tota	I available at beginning of current pla	in year to add to prefunding ba	alance .						0
	d Port	on of (c) to be added to prefunding b	alance							0
		eductions in balances due to election					0	0		
13	Balance	e at beginning of current year (line 9 -	+ line 10 + line 11d - line 12) •	•••••			0			0
Pa	rt III	Funding Percentages								
_14	Funding	g target attainment percentage		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	14	100.00 %
		d funding target attainment percentage							15	110.96 %
16		ar's funding percentage for purposes year's funding requirement							16	0.00 %
17		urrent value of the assets of the plan							17	%
	rt IV	Contributions and Liquid	•						ı	
		utions made to the plan for the plan y	_ ·	ovees:						
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a)	Date	(b) Amour				unt paid by
<u> </u>	M-DD-Y	, , , ,	employees	(MM-DI	D-YYYY)	employ	er(s)		empl	oyees
- 03/	/15/20	16 130,000								
-										
				Totals	► 18(b)		130,00	18(c)		0
19	Discour	nted employer contributions see ins	structions for small plan with a	valuation	date after t	he beginning of t				
		ributions allocated toward unpaid mir					19a			0
	b Cont	ributions made to avoid restrictions a	djusted to valuation date		• • • • • • • • • • • • • • • • • • • •	•••••	19b			0
		ributions allocated toward minimum r				luation date	19c			128,434
20	Quarter	ly contributions and liquidity shortfalls	s:							

(3)

3rd

(4)

4th

Liquidity shortfall as of end of quarter of this plan year

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

(2)

2nd

C If line 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	get Normal Cost		
21	Disco	ount rate:		1			
	a Se	A Segment rates: 1st segment: 2nd segment: 3rd segmen 4.72 % 6.11 % 6.81		, 0	N/A, full yield curve used		
	b Applicable month (enter code)					21b	0
_22	Weig	hted average re	etirement age			22	75
23	Morta	ality table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI	Miscellane	eous items				
24		•	·	uarial assumptions for the current	•		
							Yes X No
				an year? If "Yes," see instructions			
						attachmen	t Yes X No
27			_	er applicable code and see instruc		27	
Pa	rt VII			ım Required Contribution			
28			•	years		28	0
29				I unpaid minimum required contrib			
	(line	19a)				29	0
30	Rema			ntributions (line 28 minus line 29)		30	0
Pa	rt VIII	Minimum	Required Contribution	For Current Year			
31	Targe	et normal cost a	nd excess assets (see instructi	ons):		T	
	-					31a	115,741
		<u> </u>		line 31a		31b	0
32		tization installm			Outstanding Bala		Installment
				• • • • • • • • • • • • • • • • • • • •		0	0
						0	0
33				ter the date of the ruling letter gran) and the waived amount .		33	0
34	Total	funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	115,741
				Carryover balance	Prefunding Bala	ance	Total balance
35			use to offset funding				
36	Addit	ional cash requi	irement (line 34 minus line 35)		• • • • • • • • • • •	36	115,741
37	Conti (line			ontribution for current year adjuste		37	128,434
38	Prese	ent value of exc	ess contributions for current ye	ar (see instructions)			
	a Tot	al (excess, if an	y, of line 37 over line 36)			38a	12,693
processing and a second processing a second processing and a second processing					38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0		
40	Unpa		uired contributions for all years			40	0
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010) (See Instructions	5)	
41	If an e	lection was mad	de to use PRA 2010 funding re	ief for this plan:			
	a Sch	nedule elected .					2 plus 7 years 15 years
	b Eliq	gible plan year(s	s) for which the election in line	11a was made		. 200	08 2009 2010 2011
42	Amou	nt of acceleratio	n adjustment			42	
43	Exces	s installment ac	celeration amount to be carried	l over to future plan years		43	