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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Report	identification information											
For calend	For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/17/2015												
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box multiple-employer plan in accordance with the form instru													
A IIIIs iei	инитероп із тог.	a one-participant plan	a foreign plan	ipioyei illioimation ill ac									
B This retu	urn/report is	the first return/report	x the final return/report	urn/report									
		months)											
C Check	box if filing under:	X Form 5558	automatic extension	n DFVC program									
		special extension (enter descr	<u> </u>										
Part II	Basic Plan Info	rmation—enter all requested inf	formation										
1a Name	•				1b Three								
BABU S. BA	ANGARU PENSION PL	.AN			•	number	000						
				}	(PN)		002						
					1C Effec	ctive date of 01/0	f plan 1/2003						
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.C) Box)				fication Number 355383						
		e, country, and ZIP or foreign post		uctions)	(EIN)	<u> </u>							
BABU S. BA	NGARU, MD PC				2c Sponsor's telephone number 516-484-0279								
175 PEACH	DDIVE				2d Busir	ness code (see instructions)						
EAST HILLS					621111								
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN									
						3c Administrator's telephone number							
							·						
4 If the r	name and/or FINI of the	nlan anapaar baa ahangad ainaa	the last return/report filed for	or this plan, aptor the	4b FIN								
		plan sponsor has changed since nber from the last return/report.	the last return/report filed it	or this plan, enter the	4b EIN								
a Spons	or's name				4c PN								
5a Total	number of participants	at the beginning of the plan year			5a		3						
		at the end of the plan year		i i	5b		0						
		account balances as of the end of			5c								
d(1) Tot	al number of active par	ticipants at the beginning of the plant	an year		5d(1)		3						
		ticipants at the end of the plan yea			5d(2)		0						
		terminated employment during the			5e 0								
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable cau									
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, a blete.											
SIGN		valid electronic signature.	10/05/2016	BABU S. BANGARU N	ANGARU MD								
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing a	as plan adr	ninistrator						
SIGN													
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor								
Preparer's	name (including firm name	ame, if applicable) and address (in	nclude room or suite number	er)	Preparer's	telephone	number						

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility) If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			Yes Yes	
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)? .		Yes	X No	No	t deter	mined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y	'ear	
	Total plan assets	. 7a		1719							0
	Total plan liabilities	. 7b		1719	0						0
	Net plan assets (subtract line 7b from line 7a)							4.1	0		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(a)) Total		
	(1) Employers	. 8a(1)			0						
((2) Participants	. 8a(2)			0						
	(3) Others (including rollovers)	. 8a(3)			0						
b_	Other income (loss)	. 8b		18	3553						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								185	553
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1719	653						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f ,	Administrative service providers (salaries, fees, commissions)	. 8f		18	8833						
g	Other expenses	r expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									17384	86
	i Net income (loss) (subtract line 8h from line 8c)									-17199)33
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0						
Par											
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	ruction	s:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instru	ıctions	:	
Part	V Compliance Questions					1	1				
10	During the plan year:				Yes	No	N/A		An	nount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ					
h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR								
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the standard of	he require	d notice or one of the	10h							
i	exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?			10i 10i		X					
Part				IUJ	<u> </u>	^`		<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					ERISA?		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling			
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι				
b	Enter ti	he 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						
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d						
		ve amount)			Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A			
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo				
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c Name of trustee or custodian					14d Trustee's or custodian's					
						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No				
	10 110			_ D	esign-					
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)?		based safe ADP/ACP harbor test method						
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No						
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?								
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio Average benefit 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		No				
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable				
18	Is the I	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	S	No				
19	Were in	n-service distributions made during the plan year?		Ye	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			

16 S	partment of the Treasury		Benefit Plan	e ve silian Eliipio	/900	1210-0089					
	pannen or the frequery terms. Revenue Service	This form is required to be	yee	2015							
	Department of Luber Benefits Socialty Administration https://www.department.com/	Retirement Income Security / the Ir Complete all entries in ac	nternal Revenue Code (b	This	Form is Open to Public Inspection						
Part		dentification Information	cordance with the ins	tructions to the Form 55	000-SF.						
For cale	ndar plan year 2015 or fis	cal plan year beginning	01/01/2015		12/17/20	and the same and t					
	return/report is for	a single-employer plan a one-participant plan the first return/report	a list of participatin a foreign plan x the final return/repo		accorden ce with f	this box must attach the form instructions)					
		an amended return/report	an amended return/report x a short plan year return/report (less than 12 months)								
C Chec	k box if filing under:	x Form 5558									
Part II	Basic Plan Infor	mation enter all requested									
1a Nar	ne of plan BUS BANGARU PEN			14	1b Three-dig plan numb (PN) 1c Effective (002					
-					01/01/2						
Mail	ing Address (include roon	er, if for a single-employer plan) n, apt., suite no, and street or P.O i, country, and ZIP or foreign post		nstructions)	2	Identification Number 3-3355383					
BAE	U S. BANGARU, MD	PC				lalaphone number 184–0279					
175	PEACH DRIVE	2d Business 621111	2d Business code (see instructions) 621111								
	AST HILLS WY 11576	d address 🔯 Same as Plan Spo									
		ч		Ω.	3b Administra 3c Administra	itor's telephone number					
		plan sponsor has changed since to per from the last return/report	he last return/report file	d for this plan, enler the	4b EIN						
	sor's name				4c PN						
5a Total	number of participants a	t the beginning of the plan year			5a	3					
		the end of the plan year			5b	0					
		count balances as of the end of the	, , ,		5c -						
		ipants at the beginning of the plan			5d(1)	3					
		ipants at the end of the plan year			5d(2)	0					
Numi	per of participants that ter	minated employment during the p	dan year with accrued b	enefits that were	5e	TI 0					
Caution:	A penalty for the late or	incomplete filling of this return	dreport will be assess	ed unless reasonable ca	use is establish o	nd.					
SB or Sc	nalties of perjury and other nedule MB completed and strue correct, and completed	er penalties set forth in the instruct disigned by an enrolled actuary, a ete. 47	tions, I declare that I has well as the electronic	we examined this return/repoversion of this return/repo	eport, including, if at, and to the best	applicable, a Schedule of my knowledge and					
SIGN	Frain S.	Bangank	0 10 (5/16)	é BABU BANGARU, M	D						
HERE	Signature of plan admin	istrator	Date	Enter name of individua	al signing as plan	administrator					
	Signature of employedp		Date	Enter name of individua							
Preparer's	s name (including firm nai	me, if applicable) and address; in	clude room or suite num	⊕ 	Preparer's teleph	ione number.					
					4 42						
				4 . E 5500 CF		Form 5500-SF (2015)					

4	Form 5500-SF 2015		Page 2							
6	Were all of the plan's assets during the plan years invested in the plan.					-				
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								X Yes No	
×	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	" Jou disposited the to either line by or line kn the plan conn	of man Ex	#### # # P					-	X Yes No	
-0	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	Program (see ERISA se	ection 4	40241°	e mor 7	m 550t	l, 'or What'	Dales element	
	Part III Financial Information				1021	-		E2 [V]140 [Not determin	
7	Plan Assets and Liabilities	1	(a) Beginnin	a af V	0.44			411		
а	Total plan assets	. 7a						(b) End of	/ear	
b	Total plan liabilities		· · · · · · · · · · · · · · · · · · ·	,719,	0				0	
C	Net plan assets (subtract line 7b from line 7a)	1 7c	7	719,					0	
8 a	Income, Expenses, and Transfers for this Plan Year		(a) Amou	223		(b) Total				
	Contributions received or receivable from (1) Employers	0-701		-		-		(o) rota	71 (A)	
	(2) Participants	8a(1)			0		Caverence L .			
2	(3) Others (including rollovers)	8a(2) 8a(3)			0				ikin a	
b	Other income (loss)	8b		3.0	0			7		
Ċ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		18,	553			Lineviii		
¢l	Benefits paid (including direct collayers and insurance programs			-					18,553	
ė	to provide benefits	80	1,	719,	653		- 1		34	
f	Certain deemed and/or corrective distributions (see instructions)	8e			0					
g	Administrative service providert (salaries fees commissions)	87		18,	833			3.7.11372		
h	Other expanses	89			D			De Unit	A Total	
-	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h				1.		1,	738,486	
i	Transfers to (from) the plan (see instructions)	81					-	(1,7	19,933)	
p:	art IV Plan Characteristics	8)			_0_					
									-	
	If the plan provides pension benefits, enter the applicable pension feature. TR 1T 3D	ature code	s from the List of Plan	Chara	cterist	ic Ca	des in t	he instructions	{	
h	If the plan provides well-set to the									
	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan C	haract	eristic	Code	es in the	e instructions:		
Pa	rt V Compliance Questions									
10	During the plan year				-	<i></i>			4 5	
a	Was there a failure to transmit to the plan any participant contribution				Yes	No	N/A	Amo	unt	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vota	ons Within '	the time period							
1/=W n	Program)	antany i na c	ciary Correction	10a		x	1 -1			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	lude transposions	100		A.				
	repended on line 10a.)		************	10b		X	- 3			
C	Was the plan covered by a fidelity bond?	**********		10c		X	2.31	,		
cł	Did the plan have a loss, whether or not reimbursed by the plan's fid by fraud or dishonesty?	lelity bond,	that was caused				- 3			
G		***************************************		10d		X				
G	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of	persons b	by an insurance				544			
	the plan? (See instructions.)		s neuente andet	10e	1	х				
(Has the plan lailed to provide any benefit when due under the plan?	**********		101	1	У.	-			
g	Did the plan have any participant loans? (If "Yes," enter amount as o			1	-					
h	If this is an individual account plan, was there a blackout period? (Se			109		Х				
	2520.101-3.)	e instructi	ons and 29 CFR	10h	1	- 1				
i	If 10h was answered "Yes," check the box if you either provided the r	equired no	tice or one of the	1011				2000		
	exceptions to providing the notice applied under 29 CFR 2520.101-3	4**********		10i		- 1	5.5	Children Exist	抗傷 一	
ĵ	Did the plan trust incur unrelated business taxable income?	************	***************************************		. 1	-				
	the second of th	5-77		10j		Х				
Part										
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes	," see instructions and	i comp	lete S	chedi	ule SB		The second second	
	5500) and line 11a below)							*********	Yes X No	
	Enter the unpaid minimum required contribution for current year from					- market bearing	11a			
12	is this a defined contribution plan subject to the minimum funding req	uirements	of section 412 of the C	Code o	rsect	ол 30	2 of EF	RISA?	Yes 🔯 No	

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c below, as applicable.) a. If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Month		enter the	e date of the Year	letter n	uling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		ау	1001	-p-++1		
b Enter the minimum required contribution for this plan year		12b				
c Enter the amount contributed by the employer to the plan for this plan year	**********	12c				
g Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		🔘	Yes [] N	o [N/A	
Part VII Plan Terminations and Transfers of Assets				VII.		
13a Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s D No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			Ç	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unof the PBGC?			[X]	es [] No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to					
13c(1) Name of plan(s):	136	(2) EIN(s) 1	3c(3) P	N(s)	
Part VIII Trust Information						
14a Narne of trus:		14b Tru	ist's EIN			
14c Name of trustee or custodian		14d Trustee or custodian's telephone number				
Part IX RS Compliance Questions				3		
15a is the plan a 401(K) plan:		Yes		No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Desi base harb meth	d safe	ADP/A	QP	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas_Reg_ section 1.401(k)-2(a)(2)(ii) and 1.401(n)-2(a)(2)(ii))?		Yes		No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410		Ralk Perc Test	entage 🔲	itage Average Benefit Test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		No		
17a Has the Plan been timely amended for all required law changes?		Yes		No (N/A	
17b Date of the last plan amendment/restatement for the required tax law changes was adoptediii						
176 If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is a advisory letter, enter the date of that favorable letter.						
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please ente determination letter from IRS, please entergrammation letter.		or plan's	iast iavorab	rc		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonweelth of the Northern Mariana Islands or the U.S. Virgin Islands.	en s)?	Yes		40		
19 Were in-service distributions made during the plan year?		Yes		Νo		
If Yes, enter amount		10				
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether not retired) as required under section 401(a)(9)?	or [Yes		J oV	N/A	