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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit KALYANI GADDIPATI, M.D., P.L. DEFINED BENEFIT PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/2009 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 27-0487811 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number KALYANI GADDIPATI, M.D., P.L. 407-936-2444 2d Business code (see instructions) 917 RINEHART ROAD, SUITE 2051 621111 LAKE MARY, FL 32746 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less

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.

<u>bellet, it is t</u>	rue, correct, and complete.			
31314	Filed with authorized/valid electronic signature.	03/01/2017	KALYANI GADDIPATI	, MD.
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include i	oom or suite numbe	r)	Preparer's telephone number

Form 5500-SF 2016 Page **2**

	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 condit	ndent qualified public a	account	ant (IC	PA)			X Yes X	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not determine	ned
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		((b) End	of Year	
а	Total plan assets	7a		893320					0	
b	Total plan liabilities	7b		0)				0	
С	Net plan assets (subtract line 7b from line 7a)	7c		893320)				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0=(4)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers) Other income (loss)	8a(3)		40550						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			-				40550	
	Benefits paid (including direct rollovers and insurance premiums	80								
	to provide benefits)	8d		927218	3					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		6652	2					
g	Other expenses	8g		0)					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							933870	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-893320	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		C)					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				11	10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Form	5500	0-SF	2016

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Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					X	Yes	No
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_		0
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				f		Yes	X No
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver.		is, and	d enter t Day		of the let		ing ——
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		1	•			
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				
	Subt	rract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a		12d				
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		V/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	S	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	N	0
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
1	3c(1)	Name of plan(s):	•	13c(2)	EIN(s)		13c	(3) PN	l(s)
<u> </u>									
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	ΞIN		
14c	Name	e of trustee or custodian					s or custone numbe		3
Part	: IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:	IШ	safe h	n-based narbor	Ĺ	☐ "Prior test	year"	ADP
				ADP t		."	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:		Ratio perce test	entage		verage enefit tes	t	N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number	opinior						
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	date	of the n	nost rec	ent deteri	minatio	on
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepace?		rom	Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $1/2$ during the prior plan year?			Ye	s	No		

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.

Code (the Code).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

_ F0	r calendar į	plan year 2016	or fiscal plan	year beginni	ng 01/01/20)16		and endi	ng <u>12</u> /	31/2016	
		f amounts to n			ate filing of this re	port unless reaso	nable cau	eo is ostablish	od		
Α	Name of pla					port uniess reast	mable cau	B Three-c		N) •	002
		or's name as s GADDIPATI, M.		2a of Form 5	500 or 5500-SF			D Employe		cation Number (E 87811	EIN)
E	Type of plan	n: X Single	Multiple-A	Multiple	-В	F Prior year p	lan size:	100 or fewer	101	-500 More th	an 500
F	Part I	Basic Infor	mation								
1	Enter the	e valuation date):	Month07	Day	31 Year _2	2016				
2	Assets:				-						
	a Market	t value							2a		927218
	b Actuar	rial value							2b		927218
3	Funding	target/participa	int count brea	kdown			` '	Number of rticipants	(2) Ve	ested Funding Target	(3) Total Funding Target
	a For ret	tired participant	s and benefic	iaries receiv	ing payment			0		0	0
	b For ter	rminated veste	d participants.					1		250594	250594
	C For act	tive participants	3					5		720273	720273
	d Total							6		970867	970867
4					omplete lines (a)				1	1	
					assumptions		_		4a		
					ut disregarding tra d disregarding loa					1	
5	Effective	interest rate							5		5.82 %
6	Target n	ormal cost							6		0
	To the best of accordance will combination, of		information supplied regulations. In n	ny opinion, each	other assumption is rea						assumption was applied in d such other assumptions, in
	SIGN HERE									01/11/201	7
			Sigi	nature of act	uary					Date	
E	ELAINE A. E	BARRITT						<u> </u>		14-04234	ļ.
			Type or	print name o	f actuary				Most	recent enrollmer	nt number
F	PENSION IN	NVESTORS CO	ORP.							407-875-33	32
#	220 E. CEN #3040 ALTAMONT	TRAL PKY E SPRINGS, F		Firm name				т _	elephon	e number (includ	ing area code)
			Ac	dress of the	firm						
	e actuary ha	as not fully refle	ected any regu	ulation or ruli	ng promulgated ι	under the statute	in complet	ing this schedu	ıle, checl	the box and see	

Page	2	-	
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P	art II	Begin	ning of Year	Carryov	er and Prefunding E	3ala	ances							
7	Б.		. , .	<i>.</i>				(a) C	arryover balan	ce	(b) F	Prefundii	ng balan	се
7		Ū	0 , ,		able adjustments (line 13 f		•			0			528	04
8			•	•	nding requirement (line 35					0				0
9										0			528	04
10					rn of -2.74 %					0			-14	47
11					to prefunding balance:									
	a Preser	nt value o	of excess contribut	ions (line 3	38a from prior year)								221	13
					a over line 38b from prior y e interest rate of 6.02									0
	. ,			-	edule SB, using prior year's									0
					ar to add to prefunding balar								221	
	d Portio	n of (c) to	be added to prefu	unding bala	ance									0
12	Other re-	ductions i	n balances due to	elections	or deemed elections					0				0
					line 10 + line 11d – line 12					0			513	
	Part III		ding Percenta			,					1			
												14	9(0.03%
15												15		9.68%
16	Prior yea	ır's fundir	ng percentage for	purposes of	of determining whether car	ryove	er/prefunding	g balance	es may be used	to reduc	e current	16		6.37%
17					less than 70 percent of the							17	-	%
	art IV		tributions and		·		3 3 7		1 3					
18	Contribu				ar by employer(s) and emp	oloye	ees:							
(1	(a) Date		(b) Amount p employer		(c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount employ		(0	Amou emplo	nt paid b	у
	VIIVI DD 1	,	Cimpioyen	(5)	стрюуссо		(IVIIVI DD 1	111)	СПРЮУ	01(0)		СПРК	уссо	
						Т	Γotals ►	18(b)			0 18(c)			0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with	a va	luation date	after the	beginning of th	e year:				
					num required contributions					19a				0
					usted to valuation date					19b				0
					red contribution for current y	ear a	adjusted to va	aluation d	ate	19c				0
20	-		itions and liquidity									<u> </u>	, F	1
		•	-		e prior year?							X	Yes	No
			•		installments for the current	•		timely ma	anner?	l		······	Yes X	No
	C If line	20a is "Y	es," see instruction	ns and con	mplete the following table a			hic plan	/oor					
		(1) 1s	t		Liquidity shortfall as of e (2) 2nd	iiu 0	n quarter or t		3rd			(4) 4th	1	
			0		0			. ,	0				0	
				•		I	•							

P	art V Assumpt	ions Used to Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used
	b Applicable month (e	nter code)			21b	0
22	Weighted average retir	ement age			22	62
23	Mortality table(s) (see	instructions) X Presc	ribed - combined Preso	ribed - separate	Substitu	ite
Pa	art VI Miscellane	ous Items				
	Has a change been ma	ade in the non-prescribed actua	rial assumptions for the current pl	•		· · ·
25	Has a method change	been made for the current plan	year? If "Yes," see instructions re	egarding required attach	nment	Yes X No
26	Is the plan required to	provide a Schedule of Active Pa	articipants? If "Yes," see instruction	ons regarding required a	attachment	tYes X No
27		_	applicable code and see instruction		27	
P	art VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years		
28	Unpaid minimum requi	red contributions for all prior yea	ars		28	0
29			npaid minimum required contribut	' '	29	0
30	Remaining amount of	unpaid minimum required contril	butions (line 28 minus line 29)		30	0
Pa	art VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost and	d excess assets (see instruction	ns):			
	a Target normal cost (I	ine 6)			31a	0
	b Excess assets, if app	olicable, but not greater than line	e 31a		31b	0
32	Amortization installmen	nts:		Outstanding Bala	nce	Installment
	a Net shortfall amortiza	ation installment			96717	10716
	b Waiver amortization	installment			0	0
33			the date of the ruling letter granti) and the waived amount		33	0
34	Total funding requirem	ent before reflecting carryover/p	orefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	10716
			Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for us	se to offset funding	0		10716	10716
36	Additional cash require	ement (line 34 minus line 35)			36	0
37	Contributions allocated	I toward minimum required cont	ribution for current year adjusted	to valuation date (line	37	0
38	,	s contributions for current year				
		•			38a	0
		· · · · · · · · · · · · · · · · · · ·	funding and funding standard car		38b	0
39	Unpaid minimum requi	red contribution for current year	(excess, if any, of line 36 over lin	e 37)	39	0
40	Unpaid minimum requi	red contributions for all years			40	0
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions	s)	
41	If an election was made	e to use PRA 2010 funding relie	f for this plan:			
	a Schedule elected				Г	2 plus 7 years 15 years
			a was made			<u> </u>
42					42	
		•	over to future plan years		43	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report	t Identification Information			10/01/001	
or calendar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/2016	,
A This return/report is for:	🕱 a single-employer plan	a multiple-employer pl a list of participating e	an (not multiemployer) (F mployer information in ac	filers checking this cordance with the	s box must attach form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	x the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
	special extension (enter desc	ription)		·····	
Part II Basic Plan Inf	ormation enter all requested	information			
1a Name of plan				1b Three-digit plan numbe	r
Kalyani Gaddipati,	M.D., P.L. Defined Ben	efit Plan		(PN) ▶	002
_				1c Effective da 01/01/20	•
Mailing Address (include re	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P nce, country, and ZIP or foreign pos	O. Box)	ructions)	2b Employer lo (EIN) 27-	entification Number 0487811
City or town, state or proving Kalyani Gaddipati,		star code (ir forcign, see mai	140110110)	2c Sponsor's to (407) 93	elephone number
			-	, `	ode (see instructions)
917 Rinehart Road,	Suite 2051			621111	NGC (200 Matridetrérié)/
US Lake Mary FL 32746	pottoni			25	- I- FINI
3a Plan administrator's name	and address X Same as Plan Sp	oonsor		3b Administrat	OLS FIN
				3c Administrat	or's telephone number
	he plan sponsor has changed since	the last return/report filed	or this plan enter the	4b EIN	
4 If the name and/or EIN of t name, EIN, and the plan n	ne plan sponsor has changed since umber from the last return/report.	e the last return/report med	or the plan, enter the	4c PN	
a, Sponsor's name				5a	4
5a Total number of participant	ts at the beginning of the plan year	*************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	0
b Total number of participant	ts at the end of the plan year	f the plan year (only defined	contribution plans		
complete this item)	h account balances as of the end o	********************************		5c	
· ·	articipants at the beginning of the p			5d(1)	3
d(2) Total number of active p	articipants at the end of the plan ye it terminated employment during the	ar	nefits that were	5d(2)	_ 0
e Number of participants that less than 100% vested	it terminated employment during the			5e	0
Caution: A penalty for the la	te or incomplete filing of this retu	ırn/report will be assesse	d unless reasonable ca	use is establishe	<u>d </u>
II I a set marium and	other panalties set forth in the insti	ructions. I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and co	d and signed by an enrolled actuary	, as well as the electronic v	ersion of this return/repoi	t, and to the best	of my knowledge and
SIGN Gagler	cepar	03/01/17.	Kalyani Gaddipa		
HERE Signature of plan ac	dministrator	Date	Enter name of individua	al signing as plan	administrator
SIGN Madde	Mat	03/01/17	Kalyani Gaddipa		
HERE Signature of employ	/er∮plan sponsor	Date	Enter name of individua		
Preparer's name (including firm Skip this question	n name, if applicable) and address	(include room or suite numb	per)	Preparer's teleph Skip this qu	
					Contract Contract Contract
					1987

	Form 5500-SF 2016		Page 2							ini. Lingues
62	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********		00000	XYes	□No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot	n independ nd condition o <mark>t use For</mark>	dent qualified public accou ons.) m 5500-SF and must ins	tead	use F	orm 5	500.		▼Yes	□No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	21)? .		Yes	X No	Not c	determine
Pa	art III Financial Information					 				
7	Plan Assets and Liabilities	1.4	(a) Beginning of	Yea	r	<u> </u>	(b) End o	f Year	
a	Total plan assets	7a	89	3,3	20					- 0
b	Total plan liabilities	7b			0	ļ				0
c	Net plan assets (subtract line 7b from line 7a)	7c	89	3,3	20	<u> </u>				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	otal	
а	Contributions received or receivable from:	8a(1)			0					
	(1) Employers	8a(2)			0				100	
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b	4	10,5	50		144		100	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40	,550
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	92	27,2	18					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		6,6	52					
g	Other expenses	8g			0		C.			1.0
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	30 Miles (18 19 19 19 19 19 19 19 19 19 19 19 19 19							,870
i	Net income (loss) (subtract line 8h from line 8c)	- 8i							(893,	320)
j	Transfers to (from) the plan (see instructions)	8j			0					
	art IV Plan Characteristics									. 924,000
9a	If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan C	harad	cteristi	c Cod	es in the	instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ons:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P	art V Compliance Questions									Ċ
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period							
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction	10a		x	14			
ŀ	Were there any nonexempt transactions with any party-in-interest			10b		х				

During the plan year:		Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributions within the time period					
described in 29 CFR 2510.3-102? (See instructions and DOL's voluntary Floudiary Correction Program)	10a		х	1	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	15	
	10c	х		1 1 1	110,000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	14	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х		
Has the plan failed to provide any benefit when due under the plan?	10f		х		
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		·
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
					4 - 4 - 44
					. '
					·
	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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If 10h was answered "Yes." check the box if you either provided the required notice or one of the	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 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(See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the

Page 3		
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Form 5500-SF 2016

Pari	VI Pension Funding Compliance				r				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		,		0			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or sec	tion 302	of		Yes [x No		
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			P\$000000000000					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions,					uling ·		
16	granting the waiverou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month ne 13	Da	<u> </u>	Ye	ar			
	Enter the minimum required contribution for this plan year.		12b						
			12c						
C	Enter the amount contributed by the employer to the plan for the plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to		1						
d 	negative amount)	*************	12d		1				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***********		Yes _	J No	<u> </u>	√A		
Pari	VII Plan Terminanations and Transfers of Assets		1						
13a	Has a resolution to terminate the plan been adopted in any plan year?		[2	Yes		No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?		he	<u>X</u> ,	Yes	□ N	0 : .		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	entify the plar	ı(s) to						
1:	c(1) Name of plan(s):	13c(2) E	EIN(s)		13	c(3) PN	(s) :		
Parl	VIII Trust Information - Skip These Questions								
	Name of trust		14b	Trust's El	N				
, , , ,	Traine of tract				-				
			443						
14c	Name of trustee or custodian			Trustee o telephone			1 19 1		
					.,				
Pari	IX IRS Compliance Questions - Skip These Questions								
15a	Is the plan a 401(k) plan? If "No," skip b.		es/es			No	. * * *		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-b afe harb		П	"Prior y	ear" ADP		
	401(K)(3) for the plan year. Oneok an that apply.	│	Current			N/A			
40-	At 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ratio				· · · · · · · · · · · · · · · · · · ·		
Toa	What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:	F	ercenta est	ge 🗌	Avera benef	-	□ N/A		
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	(4)	es/			No			
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number	IRS opinion le	etter or a	dvisory le	tter, e	nter the	date of		
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter/	S, enter the da	ate of the	e most red	ent de	etermina	ation		
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not service?	separated fro	m [Yes		No			
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		l۳	Yes		No			

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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an attachment to Form 5500 or 5500-SF For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. Three-digit A Name of plan plan number (PN) 002 Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan D Employer Identification Number (EIN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF 27-0487811 Kalyani Gaddipati, M.D., P.L. F Prior year plan size: X 100 or fewer 101-500 More than 500 E Type of plan: Single Multiple-A Multiple-B **Basic Information** Part I 2016 Enter the valuation date: Month Day 31 Year 2 927,218 2a 2b 927,218 **b** Actuarial value (2) Vested Funding (3) Total Funding Funding target/participant count breakdown: (1) Number of Target participants Target n 0 a For retired participants and beneficiaries receiving payment 1 250,594 250,594 **b** For terminated vested participants 5 720,273 720,273 C For active participants 970,867 970,867 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 **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor 5 5.82 % 5 Effective interest rate Target normal cost Statement by Engelled Actuary ted in this schedule and accompanying-sehedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in To the best of my knowledge, the information opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in accordance with applicable law and regulations v best estim ate of anticip nerience under the place combination, offer SIGN 01/11/2017 HERE Date Signature of actuary 14-04234 Elaine A. Barritt Most recent enrollment number Type or print name of actuary (407) 875-3332 Pension Investors Corporation Telephone number (including area code) Firm name 220 E Central Pkwy Ste 3040 FL 32701 US Altamonte Springs Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Page 2	

Schedule	SB	(Form	5500)	2016

					72/2004					
Pai	rt II Begi	inning of Year (Carryov	er and Prefunding Bala	nces	(a) C	Carryover balance	(b)	Prefundi	ng balance
7	Balance at beg	ginning of prior year	after appli	icable adjustments (line 13 fro	n prior			0		52,804
8	Portion elected	d for use to offset pr	ior year's í	funding requirement (line 35 fr	om			0		0
								0		52,804
9_								0		(1,447)
10				turn of						
11	•			d to prefunding balance:						22,113
				e 38a from prior year)				7:		
	b(1) Interest Schedul	on the excess, if angle SB, using prior ye	y, of line 3 ar's effect	8a over line 38b from prior year ive interest rate of 6.02	ar %					0
	b(2) Interest	on line 38b from pri	or year Sc	hedule SB, using prior year's a	ectual				•	0
)						
	c Total availa	able at beginning of	current pla	an year to add to prefunding ba	lance .					22,113
	d Portion of (c) to be added to pr	efunding b	palance						. 0
12	Other reduction	ons in balances due	to election	s or deemed elections				0		0
13	Balance at be	ginning of current ye	ear (line 9	+ line 10 + line 11d - line 12).				0	······································	51,357
Pa	nt III Fu	ınding Percenta	iges						r	
		t attainment percent	age			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14	90.03 %
15	Adjusted fund	ing target attainmen	t percenta	ge					15	89.68 %
16	Prior year's fu	nding percentage fo funding requiremen	r purposes	s of determining whether carry	over/pre	funding bala	nces may be used to	reduce	16	86.37 %
17	If the current	value of the assets o	of the plan	is less than 70 percent of the	funding	target, enter	such percentage .		17	%
	AND DESCRIPTION OF THE PERSON NAMED IN	ontributions an	The second secon							
	ARTERIOR CONTRACTOR CONTRACTOR			year by employer(s) and emplo	yees:					
	(a) Date	(b) Amount pa		(c) Amount paid by	(a) Date	(b) Amount pai			unt paid by
(M	M-DD-YYYY)	` employer(s		employees	(MM-I	DD-YYYY)	employer(s)	emp	loyees
	-									
					Totals	s ▶ 18(b)		₀ 18(c)	0
19	Discounted e	mplover contribution	s see in	structions for small plan with a	valuatio	on date after	the beginning of the y	ear:		
				inimum required contributions				a		0
				adjusted to valuation date			.)b d(0
				required contribution for curre				Эс		0
20		itributions and liquid								
ZU				r the prior year?					2	Yes No
				rly installments for the current						Yes X No
				complete the following table as						
	o mane zoa	100, 000		Liquidity shortfall as of end	of quar	er of this pla	n year			
	(1)	1st		(2) 2nd		(3)	3rd		(4) 4	th

Pa	rt V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %)	N/A, full yield curve used	
	b Applicable month	(enter code)			21b	0	
22	Weighted average re	tirement age			22	62	
23	Mortality table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te	
Pai	t VI Miscellane	ous items					
24	Has a change been r	made in the non-prescribed act	uarial assumptions for the curren			Yes X No	
25	Has a method chang	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment	Yes X No	
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachmer	it Yes 🕱 No	
27	If the plan is subject attachment	to alternative funding rules, ent	er applicable code and see instru	ctions regarding	27		
Pai	t VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years			
28	Unpaid minimum req	uired contributions for all prior	years		28	0	
29			unpaid minimum required contri		29	0	
30	Remaining amount o	of unpaid minimum required cor	tributions (line 28 minus line 29)		30	. 0	
Pai	t VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost a	nd excess assets (see instruct	ons):				
					31a	0	
			line 31a		31b	0	
32	Amortization installm			Outstanding Bala	ance	Installment	
			4 4 5 7 9 5 7 7 5 8 5 5 9 4 5 9		96,717	10,716	
	b Waiver amortization	on installment			0	0	
33	If a waiver has been (Month	approved for this plan year, en	ter the date of the ruling letter gra	nting the approval	33	0	
34	Total funding requirer	ment before reflecting carryover	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	10,716	
			Carryover balance	Prefunding Bala	ınce	Total balance	
35	Balances elected for requirement	use to offset funding	0		10,716	10,716	
36	Additional cash requ	irement (line 34 minus line 35)			36	0	
	Contributions allocat	ed toward minimum required co	ontribution for current year adjust	ed to valuation date	37	0	
38	Present value of exc	ess contributions for current ye	ar (see instructions)				
			a	3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	38a	0	
			orefunding and funding standard		38b	0	
39	70 20 21 27						
40		· · · · · · · · · · · · · · · · · · ·			40	0	
Pai	t IX Pension	Funding Relief Under F	ension Relief Act of 2010)		
		de to use PRA 2010 funding re				7	
		······································	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			2 plus 7 years 15 years	
	b Eligible plan year(s	s) for which the election in line	41a was made	9 0 2 6 5 5 5 5 6 7 6		08 2009 2010 2011	
					42		
43	Excess installment ac	cceleration amount to be carried	d over to future plan years	8 0 5 0 6 0 5 0 5 0 5	43		

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

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002

For the plan year 01/01/2016 through 12/31/2016

07/31/2016 Valuation Date:

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 participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not 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

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.51
Segment 2	6 - 20	3.86
Segment 3	> 20	4.86

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA						
Segment #	Year	Rate %				
Segment 1	0 - 5	4.43				
Segment 2	6 - 20	5.91				
Segment 3	> 20	6.65				

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -16C - 2016 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

16E - 2016 Applicable Mortality Table for 417(e) (unisex)

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

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 -

> Applicable Mortality Table - IRC 417(e)(3) Mortality Table -

Permissively Aggregated Plans - Tested as a 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 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002

For the plan year 01/01/2016 through 12/31/2016

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, Part V Summary of Plan Provisions

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002

For the plan year 01/01/2016 through 12/31/2016

Employer: Kalyani Gaddipati, M.D., P.L.

Type of Entity - Limited Liability Company (LLC) taxed as S-Corp

EIN: 27-0487811 TIN: 27-1573108 Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2009 Year end - 12/31/2016 Valuation - 07/31/2016

Top Heavy Years - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016

Eligibility: All employees excluding non-resident aliens 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 - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

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

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 12/31/2014

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: 0% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50% or 75% Survivor Benefit

Vesting Schedule: Years Percent

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

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002

For the plan year 01/01/2016 through 12/31/2016

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.82
Segment 2	6 - 20	4.12
Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

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

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002 For the plan year 01/01/2016 through 12/31/2016

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 26 -Schedule of Active Participant Data Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811/002 For the plan year 01/01/2016 through 12/31/2016

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25	2									
25 to 29										
30 to 34			1							
35 to 39										
40 to 44										
45 to 49										
50 to 54			2							
55 to 59										
60 to 64										
65 to 69										
70 & up										

Schedule SB, line 32 - Schedule of Amortization Bases

Kalyani Gaddipati, M.D., P.L. Defined Benefit Plan 27-0487811 / 002 For the plan year 01/01/2016 through 12/31/2016

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2015	124,999	Shortfall	111,088	6	20,788
	07/31/2016	-14,371	Shortfall	-14,371	7	-2,374
Totals:				\$96,717		\$18,414

Due to the Plan's termination as of 07/31/2016, each amortization installment has been prorated for a resulting charge of \$10,716.