Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		0.4./0.4	0040		0/0//00/0	
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
_		🔀 a single-employer plan		plan (not multiemployer)		
A This ret	urn/report is for:	a one-participant plan	_ ' ' "	employer information in a	ccordance with the fo	orm instructions.)
		a one-participant plan	a foreign plan			
D T1:	and the second to	the first return/report	the final return/report			
D This retu	urn/report is	H			(l)	
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter desc	cription)		<u> </u>	
Part II	Basic Plan Inf	formation—enter all requested in				
1a Name		oner an requested in	- Ioimation		1b Three-digit	
		CIAN PC DEFINED BENEFIT PEN	SION PLAN AND TRUST		plan number	
					(PN) •	003
					1c Effective date	
					01/	/01/2009
	· · ·	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O Roy)		2b Employer Idea	
		nce, country, and ZIP or foreign pos		structions)	(=::•)	-1632472
	ANT DESAI, PHYSI		, -	•	2c Sponsor's tele	ephone number 197-4064
						e (see instructions)
21 KINGWO	OD LANE					1111
	PSIE, NY 12601				02	1111
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN
					A	
					3c Administrator	's telephone number
					3c Administrator	's telephone number
					3c Administrator	's telephone number
•						's telephone number
		the plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c Administrator	's telephone number
name,	, EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the		's telephone number
name, a Sponso	, EIN, and the plan n or's name	number from the last return/report.		· 	4b EIN 4c PN	
a Sponso	, EIN, and the plan nor's name	number from the last return/report.			4b EIN 4c PN 5a	's telephone number
name, a Sponso 5a Total r b Total r	, EIN, and the plan nor's name number of participan number of participan	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year			4b EIN 4c PN 5a 5b	3
name, a Sponse 5a Total r b Total r c Number	, EIN, and the plan nor's name number of participan number of participan er of participants wit	number from the last return/report. Its at the beginning of the plan year at the end of the plan year	f the plan year (only define	ed contribution plans	4b EIN 4c PN 5a	3
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan nor's name number of participan number of participan er of participants wit lete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year	f the plan year (only define	ed contribution plans	4b EIN 4c PN 5a 5b 5c	3
name, a Sponso 5a Total r b Total r c Numbo compl d(1) Total	EIN, and the plan nor's name number of participan number of participan er of participants wit ete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It account balances as of the end of the plan year operaticipants at the beginning of the plan year.	f the plan year (only define	ed contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	3 3
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name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A	EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year	f the plan year (only define plan year eare plan year with accrued b	ed contribution plans penefits that were less d unless reasonable care examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e seport, including, if apprentiations are setablished.	3 3 3 continuous and a schedule
name, a Sponsor b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under penass or Schell	EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year	f the plan year (only define plan year eare plan year with accrued b	ed contribution plans penefits that were less d unless reasonable care examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e seport, including, if apprentiations are setablished.	3 3 3 continuous and a schedule
name, a Sponsor b Total r c Number complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year	f the plan year (only define plan year eare plan year with accrued b	ed contribution plans penefits that were less d unless reasonable care examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e port, including, if apprt, and to the best of	3 3 3 continuous and a schedule
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	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 indepei and condit	ndent qualified public a	account	ant (IC	PA)			X Y			
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		_	☐ Not de	etermined		
Pa	t III Financial Information	1										
7	Plan Assets and Liabilities		(a) Beginning				((b) End	of Year			
	Total plan assets	7a	2	311549					26891			
	Total plan liabilities	7b		0					00004	0		
	Net plan assets (subtract line 7b from line 7a)	7c	2	311549					26891	79		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) -	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		200000								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
	Other income (loss)	8b		251914								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4519	14		
	Benefits paid (including direct rollovers and insurance premiums	- 55										
	to provide benefits)	8d		63829								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		10455								
g	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							742			
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3776	30		
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in t	he instr	uctions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amour	+		
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period				1471		Ailloui			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					250000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X						
е		ner 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	in?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	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								

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t 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:	L		n-based arbor	j [] "Prior ye test	ear" ADP
			- □ □ □	Curre ADP t	ent year est	"	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 test	N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	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 sepa e?		om	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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).

2016

This Form is Open to Public

OMB No. 1210-0110

Internal Revenue Code (the Code).

Inspection

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

Fo	or calendar p	olan year 2016	or fiscal plan y	ear beginning	01/01/201	6		and endin	ig 12/	31/201	6	
			nearest dollar.									
	Caution: A	A penalty of \$1	,000 will be ass	sessed for late fili	ng of this rep	ort unless reasonable	e cause	s establishe	d.			
Α	Name of pla		DUNGIOIANI D	0 BEENIED BEN	EELE DENOM	ON DI ANI AND TOUG	В	Three-di	git			
	CHANDRA	KANT DESAI,	PHYSICIAN P	C DEFINED BEN	EFIT PENSI	ON PLAN AND TRUS	51	plan nun	nber (PN	I)	•	003
С	Plan spons	or's name as s	shown on line 2	a of Form 5500 o	r 5500-SF		D	Employer	Identific	ation N	Number (E	EIN)
			PHYSICIAN, F						14-16			,
										02 2		
Е	Type of plan	: X Single	Multiple-A	Multiple-B		F Prior year plan si	ze: X 1	00 or fewer	101-	-500	More th	an 500
		Basic Info	<u> </u>	<u> </u>		, ,				L		
<u>'</u> 1		valuation dat		Month 12		1 Year <u>2016</u>						
2		· valuation uat	С.	12	_ Day	Teal 2010						
_		value							. 2a			2489055
									2b			2489055
3			ant count break				(1) Nur	nber of	•	sted F	unding	(3) Total Funding
٠	runung	target/particip	ant count break	down			partic		() -	Targe		Target
	a For ret	ired participar	its and beneficia	aries receiving pa	yment			0			0	(
	b For ter	minated veste	ed participants					0			0	(
	C For act	ive participant	is					3			1907810	1907810
	d Total							3			1907810	1907810
4	If the pla	n is in at-risk s	status, check the	e box and comple	te lines (a) a	nd (b)	П					
	a Fundin	g target disre	garding prescrib	oed at-risk assum	ptions				4a			
						nsition rule for plans t			-			
	status	for fewer than	five consecutiv	e years and disre	garding load	ing factor						
5	Effective	interest rate							5			5.85 %
6	Target no	ormal cost							6			3673
Sta	•	Enrolled Actu	•	d in this schodule and s	acomponying ook	nedules, statements and atta	ahmanta i	f any ia aamalat	a and again	roto Fo	ah proporihad	accumption was applied in
	accordance wi	th applicable law a	nd regulations. In my		sumption is reas							d such other assumptions, in
		The my best estimate	ate of artifeipated exp	benefice under the plan	•							
	SIGN											_
	HERE		O:								02/27/201	7
			Sign	ature of actuary							Date	
	M. FRANK,	FSA, EA	T						M1		14-02440	
	NAIOLIAEL E		,, ,	rint name of actu	ary				IVIOST		enrollmer	
	WICHAEL F	KANK CONSU	JLTING ACTUA						olonbar -		12-567-14	
	100 ARDEN	STREET, AP		Firm name				16	siebuone	HUITIE	ber (includ	ing area code)
	NEW YORK											
			Add	dress of the firm								
	•	as not fully refl	ected any regu	lation or ruling pro	mulgated ur	nder the statute in cor	npleting	this schedul	e, check	the bo	ox and see	<u>————</u> Э П
inst	ructions											

Schedule SB (Form 5500) 2016

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances							
								(a) C	arryover balance		(b) P	refundii	ng balance
7		-	•		able adjustments (line 13 fro	•			0				0
8			•	-	nding requirement (line 35 f				0				0
9	Amount	remaining	g (line 7 minus line	8)			0 0						
10	Interest	on line 9 ı	using prior year's	actual retu	rn of%				0				0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
	a Prese	nt value o	f excess contribut	ions (line 3	88a from prior year)								200097
					a over line 38b from prior year interest rate of6.06								0
					edule SB, using prior year's								0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balanc	e							200097
	d Portio	n of (c) to	be added to prefe	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				0
	art III		ding Percenta		,		l						
												14	130.47%
)							15	130.47%
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether carry	over/prefu	ındin	g balance	es may be used to	educe c	current	16	115.49%
17	•				less than 70 percent of the							17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls						l.		
18	Contribu				ar by employer(s) and empl	oyees:							
/N	(a) Dat		(b) Amount p		(c) Amount paid by) Dat		(b) Amount pai	-	(с	-	nt paid by
	/M-DD-Y 2/27/2010		employer	200000	employees	(MM-E	ז-טכ	111)	employer(s)		emplo	Jyees
	2/21/2010	,		200000									
						Totals	>	18(b)	2	00000	18(c)		
19	Discoun	ted emplo	yer contributions	– see instr	uctions for small plan with a	valuation	date	after the	beginning of the ye	ear:			
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions	rom prior	years	3	1	9a			0
	b Contri	butions m	ade to avoid restr	ictions adj	usted to valuation date				<u>1</u>	9b			0
	C Contri	butions all	ocated toward min	imum requi	red contribution for current ye	ar adjusted	to v	aluation da	ate 1	9с			200124
20			tions and liquidity										
			_		e prior year?							∐	Yes X No
			•		installments for the current			timely ma	anner?			<u> </u>	Yes No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as			ul-1- I					
		(1) 1s ⁻	<u> </u>		Liquidity shortfall as of en (2) 2nd	o of quarte	er of t		/ear 3rd		-	(4) 4th	
		(1) 13	•		(2) 2110			(0)	<u></u>			(1) -11	
						1				1			

P	art V	Assumpti	ons Used to [et Normal Cost									
21	Discount	rate:											
	a Segm	ent rates:	1st segm 4.	ent: 43%	2nd segment: 5.91 %		3rd segment: 6.65 %			N/A, full yi	eld cu	rve used	
	b Applic	able month (er	nter code)					21b			4		
22	Weighted	d average retire	ement age					22			65		
23	Mortality	table(s) (see	instructions)	X Pres	cribed - combined	Presc	ribed - separate	Substit	ute				
Pa	art VI	Miscellane	ous Items			<u> </u>		<u> </u>					
				cribed actus	arial assumptions for the	current nl	an year? If "Ves " see i	netruction	ne rec	nardina requi	red		
		-					-		_		_	es 🛚 No)
25	Has a me	ethod change l	been made for the	current plar	n year? If "Yes," see inst	tructions re	egarding required attach	nment			Ye	es X No)
26	Is the pla	n required to p	orovide a Schedule	e of Active P	articipants? If "Yes," see	e instructio	ns regarding required a	attachmer	nt		Ye	es 🛚 No)
27					r applicable code and se			27					
P	art VII				um Required Conti								
28					ears			28				0	_
29					unpaid minimum required							0	_
	(line 19a)						29				0	
		Ĭ		•	ributions (line 28 minus li	ine 29)		30				0	
	art VIII	L	-		For Current Year								
31			d excess assets (s		<u> </u>			04 -				0070	
			· · · · · · · · · · · · · · · · · · ·					31a				3673	
22				eater than lir	ne 31a			31b		Inata	llm ont	3673	
32		tion installmen					Outstanding Bala			ırısıa	llment		
								0				0	
				-	er the date of the ruling le) and the waived ar	-	-	33					
34	Total fun	ding requireme	ent before reflectin	g carryover/	prefunding balances (lin	es 31a - 3	1b + 32a + 32b - 33)	34				0	
					Carryover balan	ce	Prefunding balar	nce		Total I	oaland	е	
35			se to offset funding			0		0				0	
36								36				0	
37					ntribution for current year								_
	19c)							37			2	200124	
_38	Present v	alue of exces	s contributions for	current year	r (see instructions)			T					
	_							38a			2	200124	
					efunding and funding sta			38b				0	
39				·	ar (excess, if any, of line		,	39				0	
40		1						. 40				0	
	rt IX				Pension Relief Act	of 2010	(See Instructions	5)					
41			to use PRA 2010					-					
												5 years	
					la was made				800	2009 2	010	2011	
								42					
43	Excess in	stallment acce	eleration amount to	be carried	over to future plan years			43					

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

Plan Name: Chandrakant Desai Physician, PC Defined Benefit Pension Plan and Trust

EIN / PN: 14-1632472 / 003

Year: 2016

The actuarial assumptions and funding methods used to calculate the target Normal Cost and the Funding Target are as follows:

- Participants are assumed to elect, 100% of the time, the lump sum optional form of benefit.
- The table used is the one prescribed under IRC 417(e)(3) pursuant to IRS Treasury 1.430(d)-1(f)(4)(ii)(B). This mortality table is based upon a fixed blend of 50 percent of the static male combined mortality rates and 50 percent of the static female combined mortality rates.
- No assumption is made for withdrawal, mortality, or turnover. All participants are assumed to retire at Normal Retirement Age.
- Upon death, a participant becomes 100% vested.
- Compensation is not expected to increase.
- Assets are based on the fair market value

Schedule SB – Statement by Enrolled Actuary

Plan Name:

Chandrakant Desai Physician, PC Defined Benefit Pension Plan and Trust

EIN / PN:

14-1632472 / 003

Year:

2016

the Third Party Administrator.

This statement is prepared in accordance with requirements for preparation of the Form 5500 Schedule SB for the plan and year end stated above. I have examined the actuarial assumptions, data and documents as furnished by the Plan Sponsor and the Third Party Administrator, Heller Pension Associates, Inc., and the calculations used to prepare the Form 5500 Schedule SB for the above plan and for the above year. I have found that each of the actuarial assumptions, other than those specified in Internal Revenue Code Sections 430(h)(2) and 430(h)(3), to be reasonable (taking into account the experience of the plan and reasonable expectations), and that the actuarial assumptions, in combination, offers my best estimate of anticipated experience under the plan. To the best of my knowledge the report is complete and accurate. We note again that the data, documents and statement of contributions have been furnished by the Plan Sponsor and

Enrolled Actuary

Enrollment #14-02440

Form 5500-SF

Desai

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pens on 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).

OMB Nos. 1210-0110

1210-0089

2016 This Form is Open to

Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 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 first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under. Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number Chandrakant Desai, Physician PC Defined Benefit Pension Plan and Trust 003 (PN) ▶ 1c Effective date of plan 01/01/2009 Plan sponsor's name (employer, if for a single-employer plan) **Employer Identification Number** Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 14-1632472 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Chandrakant Desai, Physician, PC (845) 297-4064 2d Business code (see instructions) 621111 21 Kingwood Lane Poughkeepsie, NY 12601 3b Administrator's EIN 3a Plan administrator's name and address K Same as Plan Sponsor. 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 Total number of participants at the beginning of the plan year 5a 3 5b 3 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 Бc complete this item) 5d(1) 3 d(1) Total number of active participants at the beginning of the plan year 5d(2) 3 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 5e 0 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Chandrakant Desai SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

Form 5500-SF 2016 Page 2

	Were all of the plan's assets during the plan year invested in eligib		'					X	Yes No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							x	Yes No				
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.		_				
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No No	ot determined				
Pa	rt III Financial Information												
7	Plan Assets and Liabilities		(a) Beginning	of Year		(b) End of Year							
a	Total plan assets	. 7a		231154	19	2689179							
	Total plan liabilities	. 7b			0	0							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7с		231154	19	2689179							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount					(b) Total				
а	Contributions received or receivable from: (1) Employers	. 8a(1)		20000	00								
	(2) Participants	. 8a(2)			0								
	(3) Others (including rollovers)				0								
b	Other income (loss)	. 8b		25191	14								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						451914					
d	Benefits paid (including direct rollovers and insurance premiums			0000	,,								
	to provide benefits)	. 8d		6382	29								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)			1045	55								
	Administrative service providers (salaries, fees, commissions)	. 8f . 8g		1040	,5								
<u>g</u>	Other expenses (add lines add 02, 04, and 02)							74284					
	Total expenses (add lines 8d, 8e, 8f, and 8g)								377630				
÷	Net income (loss) (subtract line 8h from line 8c)								377030				
) De		· 8j											
9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of DI	an Chai	ractorio	etic Co	des in	the instruction	ne:				
Ja	1A 3D	i leature co	des nom me List of the	an Cha	acteri	Stile Co	ues III	tile ilistituctioi	13.				
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instructions	S:				
Par	t V Compliance Questions												
10	During the plan year:			1	Yes	No	N/A	Am	ount				
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Victoria of the contribution of th					Х							
	Program)	-	•	10a		^							
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Χ							
C	Was the plan covered by a fidelity bond?			10c	Х				250000				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х							
е		her persor ne or all of	s by an insurance the benefits under	10e		Х							
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Χ							
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х							
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 to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i									

Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplet	e Sche	edule S	B		Voc F	No
		5500) and line 11a below)					X	Yes	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0)
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ?			1 302 of	F		Yes X	No
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, see inst g the waiver		s, and	enter t Day		of the lett Year	er ruling	<u> </u>
lf	you con	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	Enter th	e minimum required contribution for this plan year			12b				
С	Enter the	e amount contributed by the employer to the plan for this plan year			12c				
d		et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le e amount)			12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	4
Part	VII P	lan Terminations and Transfers of Assets							
13a	1 Hasar	esolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year			13a				
b		ll the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?					Yes	X No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifiassets or liabilities were transferred. (See instructions.)	y the p	olan(s)	to				
	13c(1) N	ame of plan(s):	•	13c(2)	EIN(s)		13c((3) PN(s)
Part	/	Frust Information							
					14h -	Frust's I	FINI		
14a	Name of	trust			140	rusts	EIIN		
14c	Name o	f trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	l Is the pl	an a 401(k) plan? If "No," skip b		Yes			No		
15b				Design	n-based	<u> </u>	"Prior y	year" AD)P
	401(k)(3	the plan satisfy the nondiscrimination requirements for employee deferrals under section) for the plan year? Check all that apply:		safe h	arbor	Į	test		
	401(k)(3			safe h	arbor nt year	Į			
16a	What te			safe h "Curre ADP to Ratio	arbor nt year] A	test		N/A
	What te year? C) for the plan year? Check all that apply: sting method was used to satisfy the coverage requirements under section 410(b) for the plan		safe h "Curre ADP to Ratio perce	arbor nt year est] A	l test N/A verage		N/A
16b	What te year? C Did the for the p	sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) alan year by combining this plan with any other plan under the permissive aggregation rules?		safe h "Curre ADP to Ratio perce test Yes	arbor nt year est ntage		N/A N/A Nerage enefit test		
16b	What te year? O Did the for the plant the letter	sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) alan year by combining this plan with any other plan under the permissive aggregation rules?		safe h "Curre ADP to Ratio perce test Yes	arbor ent year est est ntage or advi	" [A b	N/A N/A Nerage enefit test No No ter, enter t	:he date	
16b	What te year? C Did the for the plante letter Defined Were an	sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) alan year by combining this plan with any other plan under the permissive aggregation rules? an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of and the serial number		safe h "Curre ADP to Ratio perce test Yes letter	arbor ent year est est ntage or advi	A b	N/A N/A Nerage enefit test No No ter, enter t	:he date	

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

2016

This Form is Open to Public Inspection

Fore	calendar plan ye	ar 2016 or fiscal plan	n year beginning	01/01/201	0	•	and endir	ig 12/	31/2010				
		nts to nearest dolla		-£ 4h-i		hla	is aatabliaba	ام					
		ty of \$1,000 will be a	assessed for late filing o	or this repo	nt uniess reasona	Т"			T				
A Name of plan Chandrakant Desai, Physician PC Defined Benefit Pension Plan and Trust							3 Three-di	git nber (PN)		003			
CI	nandrakant Desa	i, Physician PC Deli	inea beneat Pension Pi	ian and Tru	151	-	pian nui	ilbei (FIV)	<u> </u>				
						:	· .			*			
· · · · · · · · · · · · · · · · · · ·								ployer Identification Number (EIN)					
CI	handrakant Desa	i, Physician, PC					14-1632472						
FT	/pe of plan: 🛛 S	ingle Multiple-A	A Multiple-B		F Prior year plan	size: 🔽	100 or fewer	101-	500 More th	an 500			
		hanner .	Notable-B		1 Horyear plan	3120.	100 01 10401		, was a				
	ert I Basic	Information	Month 12	Day 31	Year 201	6							
2	Assets:	on date.	WORTH 12	Day	rear								
_								. 2a	<u> </u>	2489055			
	_							2b		2489055			
3		participant count bre							ted Funding	(3) Total Funding			
•	Tunding targety	articipant count bro	Janus Will			0			Target	Target			
	a For retired pa	rticipants and benef	ficiaries receiving paymo	ent				•••	0	0			
			s		<u> </u>			0		0			
	c For active par	ticipants							1907810	1907810			
	d Total						3		19078 1 0	1907810			
4	If the plan is in	t-risk status, check	the box and complete I	lines (a) an	nd (b)								
	a Funding targe	t disregarding preso	cribed at-risk assumptio	ons				4а					
			ssumptions, but disrega utive years and disregar										
5	Effective interes	t rate						5	5.85 %				
6	Target normal of	ost	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					6		3673			
T	ccordance with applica	edge, the information supp ble law and regulations. In	plied in this schedule and accor n my opinion, each other assum experience under the plan.	mpanying sche	edules, statements and nable (taking into accou	attachments unt the exper	, if any, is comple ience of the plan a	te and accur and reasonal	ate. Each prescribed ole expectations) and	I assumption was applied in d such other assumptions, in			
	IGN ERE		Michael Fr	uh					02/27/2017				
			gnature of actuary						Date				
		M	l. Frank, FSA, EA				-		14-02440				
		Type o	or print name of actuary					Most recent enrollment number					
		Michael F	rank Consulting Actuar	гу				(212) 567-1464					
		400.0	Firm name				Te	elephone	number (includ	ling area code)			
	ı	100 A	Arden Street. Apt 5-B							·			
	No.	Ne	w York. NY 10040										
	٠, ,		Address of the firm										
If the	actuary has not	ully reflected any ro	gulation or ruling promu	ulgated upg	ter the statute in a	completin	n this schedul	le check	the box and se	е П			
	actuary nas not i	uny renected arry res	guiation or raining promis	aigatoa aiic	Joi mo otatato m	oop.ou	9 000	,		- L			

Page	2	- 1	
------	---	------------	--

_														
	_					(a) Carryover balance			e	(b) Prefunding balance				
7							0			0				
_	,,													
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)										0			
9										0			0	
10	0.00									0			0	
11														
	•				8a from prior year)								200097	
	b(1) Inte	rest on t	he excess, if any,	of line 38a	over line 38b from prior ye									
	Sch	edule SE	3, using prior year	's effective	interest rate of 6.06	<u>%</u>							0	
	` '		•	•	dule SB, using prior year's	actual								
					r to add to prefunding balanc	············					0			
	_		0 0	. ,	,						200097			
	a Portion	of (c) to	be added to prefi	unding bala	nce						0			
12	Other red	uctions i	n balances due to	elections of	or deemed elections			0				0		
13	Balance a	at beginn	ing of current yea	r (line 9 + li	ne 10 + line 11d – line 12)					0	0			
F	Part III	Fun	ding Percenta	ages										
14	Funding target attainment percentage									14	130.47 %			
15	5 Adjusted funding target attainment percentage									130.47 %				
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce cu year's funding requirement.								16	115.49 %				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage							17	%					
F	Part IV	Con	tributions an	d Liquidi	ty Shortfalls									
18					r by employer(s) and empl	oyees:								
(a) Date (MM-DD-YYYY)			(b) Amount p employer		(a) Date (b) Amount paid (MM-DD-YYYY) employer(s)				by (c) Amount paid by employees					
12-27-2016			op.oy o	200000	employees	(min = 2 · · · ·) Simple			op.o.y.	, (o)		ор	-,	
						Total	s >	▶ 18(b) 2000			000 18(c)			
19	Discounte	ed emplo	yer contributions	– see instru	ctions for small plan with a	valuati	on date	after the	beginning of the	e year:				
a Contributions allocated toward unpaid minimum required contributions from prior years									0					
b Contributions made to avoid restrictions adjusted to valuation date						19b			C					
	C Contributions allocated toward minimum required contribution for current year adjusted to						ted to v	/aluation da	ate	19c			200124	
20 Quarterly contributions and liquidity shortfalls:														
a Did the plan have a "funding shortfall" for the prior year?								Yes X No						
b If line 20a is "Yes," were required				d quarterly installments for the current year made in				in a timely manner?			Yes No			
	C If line 2	20a is "Ye	es," see instruction	ns and com	nd complete the following table as applicable:									
				Liquidity shortfall as of end of quarter			rter of				(4)			
(1) 1st			ι	(2) 2nd				(3) 3rd			(4) 4th			

Part V Assumptions Used to Determine Funding Target and Target Normal Cost												
21	Discount	rate:	e:									
	a Segme	ent rates:	1st segment: 4.43 %				N/A, full yield curve used					
	b Applica	able month (er	nter code)		21b	4						
22	Weighted	d average retire	ement age			22	65					
23	Mortality	table(s) (see	instructions) X Pres	cribed - combined Pres	scribed - separate	Substitu	ıte					
Pa	art VI	Miscellane	ous Items									
24		-		arial assumptions for the current p	-							
25	Has a me	ethod change l	been made for the current plan	n year? If "Yes," see instructions	regarding required attach	nment	Yes X No					
26	Is the pla	n required to p	provide a Schedule of Active F	articipants? If "Yes," see instruct	ions regarding required a	attachmen	tYes X No					
27		•	alternative funding rules, ente	r applicable code and see instruct	tions regarding	27						
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	ns For Prior Years							
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ears		28	0					
29				unpaid minimum required contribu		29	0					
30	Remainir	ng amount of u	inpaid minimum required conti	ributions (line 28 minus line 29)		30	0					
Pa	art VIII	Minimum	Required Contribution	For Current Year								
31	Target no	ormal cost and	d excess assets (see instruction	ns):								
	a Target i	normal cost (li	ne 6)			31a	3673					
	b Excess	assets, if app	licable, but not greater than lin	ne 31a		31b	3673					
32	Amortiza	tion installmen	its:		Outstanding Bala	nce	Installment					
	a Net sho	ortfall amortiza	tion installment			0	0					
					<u> </u>	0	0					
33	If a waive (Month _			er the date of the ruling letter gran-) and the waived amount	•	33						
34	Total fund	ding requireme	ent before reflecting carryover	34	0							
				Carryover balance	Prefunding balar	nce	Total balance					
35		Balances elected for use to offset funding requirement					0					
36			ment (line 34 minus line 35)		36	0						
37	Contribut	ions allocated	I to valuation date (line	37	200124							
38												
		excess, if any,	38a	200124								
		included in lir	38b	0								
39		ninimum requir	39	0								
40		ninimum requir	40	0								
	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)											
41	If an elect	tion was made	to use PRA 2010 funding reli	ef for this plan:								
	a Schedu	ıle elected					2 plus 7 years 15 years					
	b Eligible	plan year(s) f	for which the election in line 47	a was made		20	08 2009 2010 2011					
42	Amount o	f acceleration	adjustment		42							
			eleration amount to be carried		43							

Plan Name: Chandrakant Desai Physician, PC Defined Benefit Pension Plan and Trust

EIN / PN: 14-1632472 / 003

Year: 2016

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

All participants are assumed to retire at Normal Retirement Age, which in this plan is age 65 with 5 years of participation.

Schedule SB, Part V - Summary of Plan Provisions