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

Part I		Identification Information											
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016								
A This ret	urn/report is for:	a single-employer plan	a multiple-employer plants of participating em	an (not multiemployer) (aployer information in ac	-								
	•	a one-participant plan	a foreign plan										
B This retu	ırn/report is	the first return/report	the final return/report										
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)								
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program								
D =4 II	Desir Bleeder	special extension (enter descri											
Part II		ormation—enter all requested in	formation		1b Three dist								
1a Name SADASHIV S		PLLC DEFINED BENEFIT PENSION	N PLAN		1b Three-digit plan number	001							
					(PN) •	e of plan							
20 Diam -		'f fan a aineile annele annele annele				/01/2007							
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	2b Employer Ide (EIN) 26	6-4711666							
	S. SHENOY, M.D., PL		ar code (ii foreign, see insti	detionsy	2c Sponsor's tel	lephone number 631-8736							
					2d Business cod	le (see instructions)							
78 BROWNS E. AMHERST	TONE COURT F. NY 14051				62	21111							
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator	's EIN							
					20 Administrator								
					3C Administrator	's telephone number							
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN								
a Sponso		imber from the last return/report.			4c PN								
5a Total r	number of participants	s at the beginning of the plan year			5a	5							
_		s at the end of the plan year			5b	5							
C Number		account balances as of the end of			5c								
	,	articipants at the beginning of the pl	an year		5d(1)	5							
		articipants at the end of the plan year			5d(2)	5							
e Numb	er of participants that	t terminated employment during the	e plan year with accrued be		5e								
		or incomplete filing of this return											
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a solete											
SIGN	T	/valid electronic signature.	10/05/2017	SADASHIV S. SHENC	ΟY								
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	administrator							
SIGN													
HERE	Signature of emplo		Date	Enter name of individ									
Preparer's	name (including firm	name, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's telepho	ne 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	an indeper and condit	ndent qualified public a	account	ant (IC	(PA)			X Ye		
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		□ Not de	termined	
	rt III Financial Information	100101100 p	rogram (666 Errie/166	2011011 1	021).		100	<u> </u>		tommod	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year		
а	Total plan assets	7a	1.					146117	77		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1	342842		1461177					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt		(b) Total					
а	Contributions received or receivable from:	0-(4)		85000							
	(1) Employers	8a(1)		00000							
	(2) Participants	8a(2)									
<u>_</u>	(3) Others (including rollovers) Other income (loss)	8a(3)		78003							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			-				16300)3	
d	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d		44668							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4466		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							11833	35	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	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	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	100		X					
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X					
					X					500000	
d		fidelity bo	nd, that was caused	10c		X					
е		ner person ne or all of	s by an insurance the benefits under	10a		Х					
f	Has the plan failed to provide any benefit when due under the pla			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

Form	5500-SF	2016
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rage 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)						Yes No	
		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						Yes X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						_	
<u>а</u>		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		s, and	d enter t Day		of the lette	er ruling	
<u> </u>	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			1			
<u> </u>	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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
<u>e</u>	Will t	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?				X Yes	. 1	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 brougol of the PBGC?					Yes	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.)	ify the p	lan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ∐ ;		n-based narbor	d [Prior y	ear" ADP	
			IП '	Curre	ent year test	,"	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	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the n	nost rece	ent determ	ination	
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?		rom	Ye	s [No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	or calendar plan year 2016 or fiscal plan year beginning 01/01	1/2016		and endin	g 1 <mark>2/</mark> 3	31/2016					
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this	e renort unless reason	able cause	is established	1						
	Name of plan SADASHIV S. SHENOY, M. D. , PLLC DEFINED BENEFIT PENS	B		git	u) 🕨	001					
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-S SADASHIV S. SHENOY, M.D., PLLC	SF	D	D Employer Identification Number (EIN) 26-4711666							
	Type of plan: Single Multiple-A Multiple-B Part I Basic Information	F Prior year pla	n size: X 1	00 or fewer	101-	-500 More th	an 500				
1	Enter the valuation date: Month 12 Day		16								
2	Assets: a Market value b Actuarial value				2a 2b		1376177 1376177				
3	Funding target/participant count breakdown		(1) Nur partic			ested Funding Target	(3) Total Funding Target				
	a For retired participants and beneficiaries receiving payment	0		0	0						
	b For terminated vested participants		0		0	0					
	C For active participants		5		1418873	1421296					
	d Total	5		1418873	1421296						
4	 If the plan is in at-risk status, check the box and complete lines a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding status for fewer than five consecutive years and disregarding 	g transition rule for plar	ns that have	been in at-ri	isk 4h						
5	Effective interest rate				5		5.70%				
6	Target normal cost				6		103913				
	To the best of my knowledge, the information supplied in this schedule and accompany accordance with applicable law and regulations. In my opinion, each other assumption i combination, offer my best estimate of anticipated experience under the plan. SIGN HERE						I such other assumptions, in				
	Signature of actuary		,			Date	•				
-	TRISTA ANN TYSON, EA, MSPA				17-04628	i					
	Type or print name of actuary			Most	recent enrollmer	nt number					
	RETIREMENT SYSTEMS OF CALIFORNIA				310-849-52	45					
	Firm name 21021 VENTURA BLVD SUITE 300 WOODLAND HILLS, CA 91364			Te	lephone	e number (includ	ng area code)				
	Address of the firm										
	ne actuary has not fully reflected any regulation or ruling promulgate	ed under the statute in	completing	this schedule	e, check	the box and see	• [

. ugu =

P	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances								
								(a) C	arryover balan	ce	(b) F	Prefundii	ng balance	
7		-	•		able adjustments (line 13 fr	•							121672	
8			•	•	nding requirement (line 35 f	•							61513	
9	Amount	remaining	g (line 7 minus line	e 8)						0			60159	
10	Interest	on line 9	using prior year's	actual retu	rn of					0			-1059	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	of excess contribut	tions (line 3	38a from prior year)									
	b(1) Int Sc	erest on t hedule SI	the excess, if any, B, using prior year	of line 38a r's effective	a over line 38b from prior ye e interest rate of	ar %								
				-	year Schedule SB, using prior year's actual									
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding baland	æ							0	
	d Portio	n of (c) to	be added to pref	unding bala	ance									
12	Other re	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ning of current year	ır (line 9 +	line 10 + line 11d – line 12)					0			59100	
F	Part III	Fun	ding Percent	ages								1		
14	Funding	target att	ainment percenta	ge								14	92.43%	
	5 Adjusted funding target attainment percentage 94.82%													
16	,									91.01%				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
P	Part IV	Con	tributions an	d Liquid	lity Shortfalls									
18					ar by employer(s) and emp									
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-D	Dat		(b) Amount employ		(0) Amount paid by employees		
	04/24/2017		5p.oy 6.	85000	op.oyecc	(2		,		0.(0)		0	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						Totals >	•	18(b)		8500	18(c)		0	
19	Discount	ed emplo	yer contributions	– see instr	ructions for small plan with a	valuation o	date	after the	beginning of th	e year:	1			
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions	from prior y	ears	8		19a				
b Contributions made to avoid restrictions adjusted to valuation date														
	C Contril	outions all	ocated toward min	imum requi	ired contribution for current ye	ear adjusted	to va	aluation d	ate	19c			82183	
20	20 Quarterly contributions and liquidity shortfalls:													
	_		_		e prior year?							<u>X</u>	Yes No	
				-	installments for the current	-		timely ma	anner?			······	Yes X No	
	C If line	20a is "Y	es," see instructio	ns and con	mplete the following table as			الماما						
		(1) 1s	<u> </u>	<u> </u>	Liquidity shortfall as of en (2) 2nd	a or quarter	r of t		year 3rd			(4) 4th		
		(1) 13	-		\ - / - -10			(0)				, ·, -til	-	
				<u> </u>										

P	art V	Assumpti	ons Used to	Determine	Funding Target a	nd Targe	et Normal Cost						
21	Discount	rate:											
	a Segm	ent rates:	1st seg	ment: 4.43%	2nd segment: 5.91 %		3rd segment: 6.65 %			N/A, full yi	eld cu	rve used	
	b Applic	able month (er	nter code)					21b			2		
22	Weighted	d average retire	ement age					22			70		
23	Mortality	table(s) (see i	instructions)	X Pres	cribed - combined	Prescr	bed - separate	Substit	ute				
Pa	art VI	Miscellane	ous Items										
				ascribed actua	arial assumptions for the	current nla	n vear? If "Ves " see i	netruction	ne ro	garding requi	rad		
		-			anai assumptions for the		-				_	es 🛚 N	0
25	Has a me	ethod change t	been made for th	e current plar	n year? If "Yes," see inst	ructions re	garding required attacl	nment			Y	es 🛚 N	0
26	Is the pla	n required to p	provide a Schedu	ule of Active P	articipants? If "Yes," see	e instruction	ns regarding required a	attachmer	nt		Y	es X N	0
27					r applicable code and se			27					
P	art VII				um Required Conti			ı					
28					ears			28					
29	Discount	ed employer c	ontributions alloc	cated toward u	unpaid minimum required	d contribution	ns from prior years	29					
30		,			ributions (line 28 minus li			30				0	
Pá	art VIII	Minimum	Required Co	ntribution	For Current Year								
			d excess assets										
	a Target	normal cost (lii	ne 6)					31a				103913	
	b Excess	s assets, if app	licable, but not g	reater than lir	ne 31a			31b				0	
32	Amortiza	tion installmen	its:				Outstanding Bala	ince		Insta	llmen	t	
	a Net she	ortfall amortiza	tion installment					107588				25622	
	b Waive	r amortization i	installment										
33				•	er the date of the ruling le) and the waived ar	-	•	33	3				
34	Total fun	ding requireme	ent before reflect	ing carryover/	prefunding balances (lin	es 31a - 31	b + 32a + 32b - 33)	34				129535	
					Carryover baland	ce	Prefunding balar	nce		Total	oaland	се	
35			se to offset fundir					47352				47352	
36	Additiona	al cash require	ment (line 34 mi	nus line 35)				36				82183	
37	Contribut	tions allocated	toward minimun	n required con	ntribution for current year	adjusted to	valuation date (line	37				82183	
38					r (see instructions)			l					
								38a				0	
					efunding and funding sta			38b					
39	Unpaid n	ninimum requir	ed contribution f	or current yea	ar (excess, if any, of line	36 over line	37)	39				0	
40	Unpaid n	ninimum requir	ed contributions	for all years				40				0	
Pa	rt IX	Pension	Funding Rel	ief Under F	Pension Relief Act	of 2010	(See Instructions	s)					
41	If an elec	tion was made	to use PRA 201	0 funding reli	ef for this plan:								
	a Schedu	ule elected						[2 p	olus 7 years	1	5 years	
	b Eligible	e plan year(s) f	or which the elec	ction in line 41	a was made			20	800	2009 2	2010	2011	
42	Amount o	of acceleration	adjustment					42					
43	Excess in	stallment acce	eleration amount	to be carried	over to future plan years			43					

To: 18185932036 From: 17164476389 Date: 10/05/17 Time: 12:43 PM Page: 03

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OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treesury Internal Revenue Service

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

This Form is Open to

Pension E	Senefit Guaranty Corporation	► Complete all entries in a	ocordance with the inst	nictions to the Form !	5500-SE	Public Inspection
Part I	Annual Repor	t Identification Information		POLICING TO LIKE T CHIII .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	1.2	/31/2016
A This re	turn/report is for:	a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) nployer information in a	(Filers chec	king this box must attach a with the form instructions.)
_		∐ a one-participant plen	a foreign plan			
B This ret	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 n		
C Check	box if filing under:	Form 5558	-	rincport (less (nan 12 n		
	3	special extension (enter descrip	automatic extension ∵ion)		☐ DFVC p	rogram
Part II	Basic Plan Infe	rmation—enter all requested info	mation			
1a Name Sadashi Pension	ofplan v S. Shenoy,	M. D. , PLLC Defined			1b Thre plan (PN)	number
					1c Effec	tive date of plan
		oyer, if for a single-employer plan) om, apt., sulte no. and street, or P.O.	3ox)		2b Empl	oyer Identification Number
City or		ce, country, and ZIP or foreign postal		ructions)		26-4711666 nsor's telephone number
AG09277T	v o. bhenoy,	M.D., FBBQ				.6) 631-8736 ness code (see instructions)
78 Brow	nstone Court					.111
E. Amhe.	rst		NY	14051		
4						
	, ΕΙΝ, and the plan πυ	e plan sponsor has changed since th mber from the last return/report.	: last return/report filed fo	or this plan, enter the	4b EIN 4c PN	
5a Total r	number of participants	at the beginning of the plan year			_	
		et the end of the plan year				
C Numb	er of participants with	account balances as of the end of th	o plan year (only defined	contribution plans	5c	
		rticipants at the beginning of the plan			5d(1)	9
		inticipants at the end of the plan year			5d(2)	
e Numb than 1	er of participants that	terminated employment during the p	an year with accrued be	nefits that were less	5e	
Caution: A	penalty for the late	or incomplete filing of this return/s	eport will be assessed.	uniess reasonable car	use is estab	illshed.
SB or Sche	alties of perjury and of dule MB completed a rue, correct, and com		ons, I declare that I have well as the electronic ver	examined this return/re sion of this return/repor	port, includir t, and to the	ig, if applicable, a Schedule best of my knowledge and
SIGN HERE		Munos	10/5/17	SADASHIV S. S	HENOX	
SIGN	Signature of plan a	dministrator /	Date	Enter name of individ	ual signing a	is plan administrator
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor
Preparer's i	name (including firm r	ame, if appilcable) and address (incl	ide room or suite numbe	r)	Preparer's	telephone number

To: 18185932036 From: 17164476389 Date: 10/05/17 Time: 12:43 PM Page: 04

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	Form 5500-SF 2016		Page 2						
D	Are you claiming a waiver of the annual examination and repor of	cannot use Form 5500-SF and must instead use Form 5500							
Pa	rt III Financial Information	maprarioc p	rogram (see CRISA)	secilon	4021)?	إ	XI Yes	∐No ∐ Not determined	
7	Plan Assets and Liabilities				" 1				
_		(a) Beginning of Year							
	Total plan assets							1,461,177	
	Net plan assets (subtract line 7b from line 7a)		7b 1,342,842						
8	Income, Expenses, and Transfers for this Plan Year	7¢			842		"	1,461,177	
	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou	(a) Amount 85,000				(b) Total	
	(2) Participants				***				
	(3) Others (including rollovers)	8a(3)						un un der	
b	Other Income (loss)			78,	003			W	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						163,003	
	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d		44,	668			100,000	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e							
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	. 8f					""		
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				"		44,668	
	Net income (loss) (subtract line 8h from line 8c)	81				"		118,335	
j	Transfers to (from) the plan (see Instructions)	Bj							
	t IV Plan Characteristics							, , , , , , , , , , , , , , , , , , , ,	
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D								
ь	If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	ecterist	ic Cod	ies in th	e instructions;	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a fallure to transmit to the plan any participant contribe described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	ductary Correction	10a		х			
ь	Were there any nonexempt transactions with any party-in-interrist reported on line 10a.)	t? (Do not in	clude transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х			500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan s by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or et carrier, insurance service, or other organization that provides sent the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e		х		,	
f	Has the plan falled to provide any benefit when due under the ρ			10f	1	х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-er	nd.)	10g	\neg	X			
h	If this is an individual account plan, was there a blackout period \$ 2520.101-3.)	(See instruc	tions and 29 CFR	10g		×			
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.	he required	notice or one of the	10i				1111	

To: 18185932036 From: 17164476389 Date: 10/05/17 Time: 12:43 PM Page: 05

10/05/2017 15:44 7164476389

Date: 10/05/17 KMH INT RAD

Time: 12:43 PM Page: US PAGE

05/05

Form 5500-SF 2016 Page 3-Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes (Form 5500) and line 11a below), Na 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is theing amortized in this plan year, see instructions, and enter the date of the letter ruling granting the walver. Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year 12b C Enfer the amount contributed by the employer to the plan for this plan year 12c d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d e Will the minimum funding amount reported on line 12d be met try the funding deadline?..... Yes No N/A Plan Terminations and Transfers of Assets Part VII | 13a Has a resolution to terminate the plan been adopted in any plan year? X Yes Nο If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes 🐰 No control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14C Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions Yes 15a Is the plan a 401(k) plan? If "No," skip b..... No Design-based "Prior year" ADP 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section safe harbor test 401(k)(3) for the plan year? Check all that apply: "Current year" N/A ADP test 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio year? Check all that apply: Average N/A percentage benefit test test 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?, Yes 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination 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 separated from Yes ∏ No service? 19 Was any plan participant a 5% owner who had attained at least are 70 ½ during the prior plan year? Yes ∏Nο

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

		alon war 0010 aufiaral alon was besitation	-	11/01/0016	and and a	_ +		10/0	1 /001 6
		plan year 2016 or fiscal plan year beginning		01/01/2016	and ending	3		12/3.	1/2016
		amounts to nearest dollar.							
177000		A penalty of \$1,000 will be assessed for late filing of t	his rep	ort unless reasonable ca	use is established	i.			
A	Name of pla	an			B Three-dig	jit			
S	adashi	v S. Shenoy, M. D. , PLLC Define	ed Be	enefit Pension	Flan plan num	ber (PN) •		001
_		** ** ** ** ** ** ** ** ** ** ** ** **							
		or's name as shown on line 2a of Form 5500 or 5500 v S. Shenoy, M.D., PLLC	-SF		D Employer 26-4711		ation Nur	mber (E	in)
٥	auasiii	v s. shenoy, M.D., PLLC			20-4/11	000			
	W-0-				1				
E .	Type of plan	: X Single Multiple-A Multiple-B		F Prior year plan size:	X 100 or fewer	101-	500	More th	an 500
Р	art I	Basic Information			www.fracco-scelled.com/initedlic-scribes		· · · · · · · · · · · · · · · · · · ·		The state of the s
1		valuation date: Month 12 Da	v 3	1 Year 2016					
2	Assets:	valuation date.	<u>y</u>	Teal					
						20	10000		1 276 177
	Wor town	value				2a			1,376,177
	b Actuar	ial value				2b			1,376,177
3	Funding	target/participant count breakdown			Number of articipants		sted Fun Target	ding	(3) Total Funding Target
	a For ret	ired participants and beneficiaries receiving payment	()				raiget		· · · · · · · · · · · · · · · · · · ·
		1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			0			0	0
		minated vested participants			0			0	0
	C For act	ive participants	•••••		5	1	,418,	873	1,421,296
	d Total				5	1	,418,	873	1,421,296
4	If the pla	n is in at-risk status, check the box and complete line	s (a) a	nd (b)	П				
	IS NOT THE OWNER OF	ig target disregarding prescribed at-risk assumptions	07/5000	25 25		4a		1010	The second second
	3	g target reflecting at-risk assumptions, but disregardi					-	at v	
		for fewer than five consecutive years and disregarding							
5		interest rate	-			5	1		5.70%
6		ormal cost				6			103,913
- 1		Enrolled Actuary							103, 713
	To the best of	my knowledge, the information supplied in this schedule and accompa	nying sch	edules, statements and attachme	ents, if any, is complete	and accur	rate. Each p	rescribed	assumption was applied in
	accordance wi combination, o	th applicable law and regulations. In my opinion, each other assumptic ffer my best estimate of anticipated experience under the plan.	n is reaso	onable (taking into account the e	xperience of the plan ar	nd reasona	ble expecta	tions) and	such other assumptions, in
	SIGN						1054 115302 11 12-11	-	
1.00	HERE	404				1 1	1,-1	~	
	IENE				- 1 1 1 1 1 1 1 1		1121		Control of the Contro
		Signature of actuary					D	ate	
Tr	ista A	nn Tyson, EA, MSPA						0462	
	21	Type or print name of actuary				Most	recent en	rollmer	t number
Re	tireme	nt Systems of California					(310)8	349-5	245
		Firm name			Te	ephone	number	(includi	ng area code)
		ntura Blvd							
	ite 30			was water					
Wo	odland	Hills Address of the firm	CA	91364					
		as not fully reflected any regulation or ruling promulga	ated un	der the statute in comple	ting this schedule	, check	the box a	and see	
HISTI	uctions								

age	2 -		
-----	-----	--	--

Pá	art II	Begir	nning of Year	Carryov	er and Prefunding E	Bala	nces									
					<u> </u>				(a) C	Carryover balan	се		(b) F	refundii	ng balance	
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)															
8					nding requirement (line 35										61,5	512
9	, ,						+					0			60,1	
10		`	•		rn of <u>-1.76</u> %							0			-10	
11					to prefunding balance:											
• •	•				88a from prior year)											
	b(1) Int	erest on t	the excess, if any,	of line 38a	a over line 38b from prior your interest rate of	ear	•									
					edule SB, using prior year's											
	C Total a	vailable a	t beginning of curre	ent plan yea	r to add to prefunding balan	ce										0
	d Portio	n of (c) to	be added to pref	unding bala	ance											
12	Other red	ductions i	in balances due to	elections	or deemed elections											
13	Balance	at beginr	ning of current yea	r (line 9 + l	ine 10 + line 11d – line 12))						0			591	.00
Р	art III	Fun	ding Percenta	ages												
14	Funding	target att	ainment percenta	ge										14	92.43	3%
15	Adjusted	I funding	target attainment	percentage)									15	94.82	%
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.							16	91.01	.%							
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	e fund	ding targ	jet, er	nter suc	ch percentage.				17		%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls											
18					ar by employer(s) and emp	oloye				1						
(N	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) [(MM-DE)	Date D-YY\	YY)	(b) Amoun employ		by	(c	Amou (: empl	nt paid by byees	
0	4/24/2	2017		85 , 000	, ,		,		•						•	
						_								1		
							otals ►	_	18(b)		85.		18(c)			0
19		-			uctions for small plan with											
	_			•	num required contributions						. 19a					
				•	usted to valuation date						190	_			00 1	0.2
20			itions and liquidity		red contribution for current y	ear a	aujusted t	o vall	ialion a	iaië	190	•			82,1	.03
20					e prior year?									X	Yes N	No
		-	_		e prior year:installments for the current											NO No
			•		nplete the following table a	•			nely III	a:::::::::::::::::::::::::::::::::::::					169 V	40
	• II IIII E	20a 15 1	cs, see manuclio	iis and con	Liquidity shortfall as of e				s plan v	year						
		(1) 1s	t		(2) 2nd	Ĵ				3rd				(4) 4th		

F	art V	Assumpti	ons Used to D	etermin	e Funding Target and Targ	get Normal Cost					
21	Discount	rate:									
	a Segment rates: 1st segment: 2nd segment: 3rd segment: 4.43 % 5.91 % 6.65 %									ll yield cu	irve used
	b Applicable month (enter code)										
22	Weighted	average retire	ement age				. 22	2			70
23	Mortality	table(s) (see	instructions)	X Pres	scribed - combined Pres	cribed - separate	Sub	stitute			
Pa	art VI	Miscellane	ous Items								
24		-	•		arial assumptions for the current p	•					es X No
25	Has a me	thod change l	peen made for the	current pla	n year? If "Yes," see instructions r	egarding required attac	hment			Y	es 🛛 No
26	Is the pla	n required to p	provide a Schedule	of Active F	Participants? If "Yes," see instructi	ons regarding required	attach	ment		Y	es X No
27					r applicable code and see instruct		27	7			
P	art VII	Reconcilia	ation of Unpai	d Minim	um Required Contribution	s For Prior Years					
28					ears		. 28	3			
29					unpaid minimum required contribu	. ,	29)			
30					ributions (line 28 minus line 29)		. 30)			C
Pa	art VIII	Minimum	Required Con	tribution	For Current Year						
31	Target no	ormal cost and	d excess assets (se	ee instruction	ons):		_				
							. 31				103,913
				ater than li	ne 31a		1	b			
32		ion installmen				Outstanding Bala		- 0 0		nstallmen	
	_						.07,5	88			25,622
33	If a waive	r has been ap	proved for this pla	n year, ente	er the date of the ruling letter grant) and the waived amount		33	3			
34	Total fund	ding requireme	ent before reflectin	g carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	. 34	ŀ			129,535
					Carryover balance	Prefunding bala	nce		То	tal balan	ce
35			se to offset funding				47,3	52			47,352
36	Additiona	l cash require	ment (line 34 minu	s line 35)			. 36	6			82,183
37					ntribution for current year adjusted		37	7			82,183
38	Present v	alue of excess	s contributions for	current yea	r (see instructions)						
	,						. 38				C
					refunding and funding standard ca		. 38				
39		·			ar (excess, if any, of line 36 over line	·	. 39				
40 Por		-			Panaian Paliaf Act of 2016		. 40	,			С
	rt IX				Pension Relief Act of 2010	(See instructions	s)				
41			to use PRA 2010		et for this plan:			Па	plus 7 yea	re \square	15 years
									<u> </u>		
	b Eligible plan year(s) for which the election in line 41a was made										
42	Amount	facceleration	adjustment				. 42	<u> </u>			

Shortfall Amortization
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 12/31/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2010	7-year	1	\$3,068	\$3,068
12/31/2013	7-year	4	\$20,016	\$75,112
12/31/2014	7-year	5	\$(18,902)	\$(86,825)
12/31/2015	7-year	6	\$19,096	\$102,046
12/31/2016	7-year	7	\$2,344	<u>\$14,187</u>
Total	•		\$25,622	\$107,588

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

	For Fu <u>Min</u>	ınding <u>Max</u>	<u>For 417</u>	<u>((e)</u>	For Actuarial Equiv.	
Interest Rates	Seg 1: 4.43%	1.52%	Seg 1:	1.76%	Pre-Retirement: 5.00%	
	Seg 2: 5.91%	3.78%	Seg 2:	4.15%	Post-Retirement: 5.00%	
	Seg 3: 6.65%	4.76%	Seg 3:	5.13%		
Pre-Retirement						
Turnover	None		None		None	
Mortality	None		None		None	
Assumed Ret Age	Assumed Ret Age Normal retirement age 65 and 5 years of participation			retirement age 65 and of participation	Normal retirement age 65 and 5 years of participation	
Future Salary Incr	Suture Salary Incr 4% salary increase per year		None		None	
Future Insurance	Insurance is assumed to be carried at the current level until retirement				Not applicable	
Post-Retirement						
Mortality Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years			oplicable Mortality om Notice 2015-53	2016 Applicable Mortality Table from Notice 2015-53		
Assumed Benefit Form I	For Funding		Lump S	um		
Calculated Effective Into	erest Rate		5.70%			
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Plan Effective Date January 1, 2007

Plan Year From January 1, 2016 to December 31, 2016

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Union employees & non-resident aliens and all excluded except...

Normal Retirement AgeAll participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 65

Completion of 5 years of participation from beginning of entry

year

Normal Retirement BenefitUpon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Group 1:

4.5% per Year of Participation up to 10

Group 2:

4.0% per Year of Participation up to 10

Group 3:

2.0% per Year of Participation up to 10

0% of average compensation

The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based

on salary and/or service on the calculation date, and payable on

the normal retirement date.

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years with less than 1,000 hours

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before the effective date Years with less than 1,000 hours Years plan is not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Proceeds of any insurance policies on the life of the participant plus the actuarial reserves under a typical Individual Level Premium method less the cash value of such policies

Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times

theoretical reserves

SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN Employer ID# 26-4711666: Plan No. 001

Quarterly Installment Payment: \$29,145.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

<u>Date</u>	<u>Amount</u>	Year	Rate	Period 15 2016	Adj Ctb
03-01-2017	29,145.00	2016	10.70% 5.70%	03-01-2017 to 04-15-2016 04-15-2016 to 12-31-2016	27,723.14
Prefunding bala	ince applied		21,7070	0.10 2010 10 12 01 2010	27,72011
	20,399.04	2016	10.70%	03-01-2017 to 07-15-2016	
			5.70%	07-15-2016 to 12-31-2016	19,629.36
04-24-2017	8,745.96	2016	10.70%	04-24-2017 to 07-15-2016	
04-24-2017	0,743.70	2010	5.70%	07-15-2016 to 12-31-2016	8,292.69
	29,145.00	2016	10.70%	04-24-2017 to 10-15-2016	
			5.70%	10-15-2016 to 12-31-2016	27,955.68
	29,145.00	2016	10.70%	04-24-2017 to 01-15-2017	
	27,143.00	2010	5.70%	01-15-2017 to 12-31-2016	28,280.58
			21,7070	01 10 2017 10 12 01 2010	20,200.00
	17,964.04	2016	5.70%	04-24-2017 to 12-31-2016	17,653.55
Totals:	134,544.04				129,535.00

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	ear
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	129.535.00

SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING:

SCHEDULE SB, LINE 22 -DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN Employer ID# 26-4711666: Plan No. 001

Quarterly Installment Payment: \$29,145.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

<u>Date</u>	<u>Amount</u>	Year	Rate	Period 15 2016	Adj Ctb
03-01-2017	29,145.00	2016	10.70% 5.70%	03-01-2017 to 04-15-2016 04-15-2016 to 12-31-2016	27,723.14
Prefunding bala	ince applied		21,7070	0.10 2010 10 12 01 2010	27,72011
	20,399.04	2016	10.70%	03-01-2017 to 07-15-2016	
			5.70%	07-15-2016 to 12-31-2016	19,629.36
04-24-2017	8,745.96	2016	10.70%	04-24-2017 to 07-15-2016	
04-24-2017	0,743.70	2010	5.70%	07-15-2016 to 12-31-2016	8,292.69
	29,145.00	2016	10.70%	04-24-2017 to 10-15-2016	
			5.70%	10-15-2016 to 12-31-2016	27,955.68
	29,145.00	2016	10.70%	04-24-2017 to 01-15-2017	
	27,143.00	2010	5.70%	01-15-2017 to 12-31-2016	28,280.58
			21,7070	01 10 2017 10 12 01 2010	20,200.00
	17,964.04	2016	5.70%	04-24-2017 to 12-31-2016	17,653.55
Totals:	134,544.04				129,535.00

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	ear
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	129.535.00

SADASHIV S. SHENOY, M.D., PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 26-4711666: PLAN NO. 001 PLAN YEAR ENDING:

SCHEDULE SB, LINE 22 -DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

	For Fu <u>Min</u>	ınding <u>Max</u>	<u>For 417</u>	<u>((e)</u>	For Actuarial Equiv.	
Interest Rates	Seg 1: 4.43%	1.52%	Seg 1:	1.76%	Pre-Retirement: 5.00%	
	Seg 2: 5.91%	3.78%	Seg 2:	4.15%	Post-Retirement: 5.00%	
	Seg 3: 6.65%	4.76%	Seg 3:	5.13%		
Pre-Retirement						
Turnover	None		None		None	
Mortality	None		None		None	
Assumed Ret Age	Assumed Ret Age Normal retirement age 65 and 5 years of participation			retirement age 65 and of participation	Normal retirement age 65 and 5 years of participation	
Future Salary Incr	Suture Salary Incr 4% salary increase per year		None		None	
Future Insurance	Insurance is assumed to be carried at the current level until retirement				Not applicable	
Post-Retirement						
Mortality Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years			oplicable Mortality om Notice 2015-53	2016 Applicable Mortality Table from Notice 2015-53		
Assumed Benefit Form I	For Funding		Lump S	um		
Calculated Effective Into	erest Rate		5.70%			
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Plan Effective Date January 1, 2007

Plan Year From January 1, 2016 to December 31, 2016

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Union employees & non-resident aliens and all excluded except...

Normal Retirement AgeAll participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 65

Completion of 5 years of participation from beginning of entry

year

Normal Retirement BenefitUpon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Group 1:

4.5% per Year of Participation up to 10

Group 2:

4.0% per Year of Participation up to 10

Group 3:

2.0% per Year of Participation up to 10

0% of average compensation

The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based

on salary and/or service on the calculation date, and payable on

the normal retirement date.

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years with less than 1,000 hours

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before the effective date Years with less than 1,000 hours Years plan is not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Proceeds of any insurance policies on the life of the participant plus the actuarial reserves under a typical Individual Level Premium method less the cash value of such policies

Insurance

MASS MUTUAL WHOLE LIFE TOBACCO--50 times

theoretical reserves

Shortfall Amortization
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 12/31/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2010	7-year	1	\$3,068	\$3,068
12/31/2013	7-year	4	\$20,016	\$75,112
12/31/2014	7-year	5	\$(18,902)	\$(86,825)
12/31/2015	7-year	6	\$19,096	\$102,046
12/31/2016	7-year	7	\$2,344	<u>\$14,187</u>
Total	•		\$25,622	\$107,588