Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calenda	Annual Report Identification Information endar plan year 2016 or fiscal plan year beginning 12/31/2016 and ending 12/30/2017											
_	turn/report is for:	a single-employer plan		plan (not multiemployer)	er) (Filers checking this box must attach a n accordance with the form instructions.)							
A IIIISTE	um/report is ior.	a one-participant plan	a foreign plan	employer information in a	ocordance with the r	om mandenona.)						
B This retu	urn/report is	the first return/report	the final return/repo									
		an amended return/report	a short plan year re	turn/report (less than 12 m	months)							
C Check I	box if filing under:	X Form 5558	automatic extensio	n	DFVC program							
		special extension (enter desc										
Part II	l .	ormation—enter all requested in	formation		T							
1a Name		EIT DENCION DI ANI			1b Three-digit							
PERVAIZ IQ	BAL DEFINED BENE	FIT PENSION PLAN			plan number (PN) ▶	001						
			1c Effective dat	e of plan 1/01/2006								
Mailing	ponsor's name (emplo g address (include roo		entification Number 0-8729088									
	town, state or province BAL PHYSICIAN PC	ce, country, and ZIP or foreign pos	tal code (if foreign, see ir	nstructions)	2c Sponsor's te	lephone number 801-1657						
					2d Business cod	de (see instructions)						
10 HARBOU ROSLYN, N\	R COURT EAST / 11576				62	21111						
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	onsor.		3b Administrato	's EIN						
					3c Administrato	's telephone number						
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN							
	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN							
		at the beginning of the plan year			5a							
		s at the end of the plan year			5b							
C Numb	er of participants with	account balances as of the end of	the plan year (only defin	ed contribution plans	5c							
		articipants at the beginning of the p			5d(1)							
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ear		5d(2)							
		terminated employment during th			5e							
		or incomplete filing of this return			use is established							
SB or Sche		ther penalties set forth in the instrund signed by an enrolled actuary, plete.										
belief, it is				DEDVAIZ IODAL ME	١							
SIGN	Filed with authorized	/valid electronic signature.	10/01/2018	PERVAIZ IQBAL, M.D	<i>)</i> .							
	Filed with authorized	<u>-</u>	10/01/2018 Date	Enter name of individ		administrator						
SIGN HERE		<u>-</u>		<u> </u>		administrator						
SIGN HERE SIGN HERE	Signature of plan a	administrator	Date Date	Enter name of individ	dual signing as plan	oyer or plan sponsor						

Form 5500-SF 2016 Page **2**

b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the p	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined		
7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Vear			
	Total plan assets	7a		264815				(b) Lilu (2743920)		
	Total plan liabilities	7b		0					C)		
	Net plan assets (subtract line 7b from line 7a)	7c	2	264815					2743920)		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) To	otal			
а	Contributions received or receivable from:		` ,									
	(1) Employers	8a(1)		175000								
-	(2) Participants	8a(2)		0	_							
	(3) Others (including rollovers)	8a(3)		0 304105								
	Other income (loss)	8b		304103					479105			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							479100)		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0								
е	Certain deemed and/or corrective distributions (see instructions).	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							479105			
j	Transfers to (from) the plan (see instructions)	8j		0								
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instr	uctions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he instru	ctions:			
Par	t V Compliance Questions											
10					Yes	No	N/A		Ameunt			
	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		163	140	IVA		Amount			
_	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ						
С				10c		Χ						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)											
f	f Has the plan failed to provide any benefit when due under the plan?											
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)											
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)											
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								

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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?					□\	′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 ins ing 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	13.	1		ī		
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	s 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 brougo ol 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.)	ify the pl	an(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					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 s		n-based arbor	d [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
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?							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 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 $^{1\!\!/}_2$ 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

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

	Pension Benefit Guaranty Corporation	File as ar	n attachment t	to Form 5	500 or 55	500-SF.					
Fo	or calendar plan year 2016 or fiscal plan	year beginning 12/3	1/2016			and endin	g 12/3	30/201	7		
	Round off amounts to nearest dolla										
_	Caution: A penalty of \$1,000 will be a	ssessed for late filing of th	is report unles	s reasonal	ble cause	e is establishe	d.				
	Name of plan PERVAIZ IQBAL DEFINED BENEFIT F	DENCIÓN DI AN			Į!	B Three-dig	,				
	PERVAIZ IQBAL DEFINED BENEFIT I	PENSION PLAN				plan num	ber (PN	l)	<u> </u>	001	
С	Plan sponsor's name as shown on line	2a of Form 5500 or 5500-	SF		I	D Employer	Identific	ation N	lumber (E	IN)	
	PERVAIZ IQBAL PHYSICIAN PC						20-87	29088			
E	Type of plan: X Single Multiple-A	Multiple-B	F Prio	r year plan	size: X	100 or fewer	101-	500	More th	an 500	
F	Part I Basic Information										
1	Enter the valuation date:	Month 12 Day	31	Year <u>201</u>	6						
2	Assets:										
	a Market value						. 2a			2258	3594
	b Actuarial value						2b			2258	3594
3	Funding target/participant count brea	ıkdown			` '	umber of cipants	. ,	sted F Target	unding	(3) Total Fu Target	_
	a For retired participants and benefic	ciaries receiving payment.				0			0		C
	b For terminated vested participants					0			0		C
	C For active participants					5		2	2428916	2	2428916
	d Total					5		2	2428916	2	2428916
4	If the plan is in at-risk status, check t	he box and complete lines	(a) and (b)						•		
	a Funding target disregarding prescr	ribed at-risk assumptions.					4a				
	b Funding target reflecting at-risk ass status for fewer than five consecut										
5	Effective interest rate						5				5.34%
6	Target normal cost						6				0
Sta	atement by Enrolled Actuary										
	To the best of my knowledge, the information suppli accordance with applicable law and regulations. In a combination, offer my best estimate of anticipated e	my opinion, each other assumption									
	SIGN										
	HERE							(09/28/201	8	
	Sig	nature of actuary							Date		
7	THEODORE ANDERSEN, M.A.A.A., MS	SPA							17-02034		
	Type or	print name of actuary					Most	recent	enrollmer	nt number	
F	PENSION ASSOCIATES							20	3-356-03	06	
,	2004 WEST MAIN STREET	Firm name				Te	lephone	numb	er (includ	ng area code)	
5	2001 WEST MAIN STREET SUITE 230										
5	STAMFORD, CT 06902										
	A	ddress of the firm									
f the	e actuary has not fully reflected any reg	ulation or ruling promulgat	ed under the s	statute in c	completing	g this schedule	e, check	the bo	x and see)	П

age	2	-	1	

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances	;								
								(a) C	arryover balance		(b) F	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	e 8)					0				0		
10	Interest	on line 9 ı	using prior year's	actual retu	rn of11.95%				0				0		
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:										
					38a from prior year)								135386		
	` Sc	hedule SI	B, using prior year	, of line 38a over line 38b from prior year r's effective interest rate of 6.20%									8394		
					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							143780		
d Portion of (c) to be added to p				unding bala	ance								0		
12	Other re	ductions i	n balances due to	elections	or deemed elections				0				0		
13	Balance	at beginn	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)				0				0		
Р	art III	Fun	ding Percenta	ages											
14	Funding											14	92.98%		
)							15	92.98%		
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether carry	over/pref	undin	g balance	es may be used to i	educe c	urrent	16	121.03%		
17	•				less than 70 percent of the							17	%		
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls										
18	Contribu				ar by employer(s) and empl	oyees:									
	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by	(a (MM-	a) Dat		(b) Amount pai	-	(c	-	nt paid by		
	9/14/2018		employer	175000	employees 0	(IVIIVI-	ו-טט	111)	employer(s)		emplo	Dyees		
	0/ - 1/20 -				<u> </u>										
						Totals		18(b)		75000	18(c)		0		
19					uctions for small plan with a								•		
	_			•	num required contributions t	•	•		-	9a 9b			0		
				_	usted to valuation date red contribution for current ye					9c			160153		
20			itions and liquidity		rea contribution for current ye	ai aujusie	u io v	alualion u	ate 1	90			100155		
-0					e prior vear?							П	Yes X No		
a Did the plan have a "funding shortfall" for the prior year?b If line 20a is "Yes," were required quarterly installments for the current year													Yes No		
			•	•	nplete the following table as										
	0		,		Liquidity shortfall as of en			this plan y	/ear						
		(1) 1s	t		(2) 2nd				3rd		(4) 4th				

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21 Discount rate:											
- 1	a Segment rates: 1st segment: 2nd segment: 3rd segment	:	DAYA CHUSU								
	4.43% 5.91% 6.65 %		N/A, full yield curve used								
	b Applicable month (enter code)	. 21b	0								
22	Weighted average retirement age	. 22	62								
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate	Substit	ute								
Pa	art VI Miscellaneous Items										
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see attachment.										
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attack	hment	Yes X No								
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required	attachme	ntYes X No								
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27									
P	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
28	Unpaid minimum required contributions for all prior years	. 28	0								
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0								
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	. 30	0								
Pa	art VIII Minimum Required Contribution For Current Year										
31	Target normal cost and excess assets (see instructions):										
	a Target normal cost (line 6)	. 31a	0								
	b Excess assets, if applicable, but not greater than line 31a	. 31b	0								
32	Amortization installments: Outstanding Bala	ance	Installment								
	a Net shortfall amortization installment	170322	28141								
	b Waiver amortization installment	0	0								
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	. 33	0								
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	28141								
	Carryover balance Prefunding bala	nce	Total balance								
35	Balances elected for use to offset funding requirement	0	0								
36	Additional cash requirement (line 34 minus line 35)	. 36	28141								
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	160153								
38	Present value of excess contributions for current year (see instructions)										
	a Total (excess, if any, of line 37 over line 36)	38a	132012								
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	. 38b	0								
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	. 39	0								
40	Unpaid minimum required contributions for all years	. 40	0								
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instruction	s)									
41	41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedule elected		2 plus 7 years 15 years								
	b Eligible plan year(s) for which the election in line 41a was made	2	008 2009 2010 2011								
42	Amount of acceleration adjustment	. 42									
43	Excess installment acceleration amount to be carried over to future plan years	. 43									

Form 5500-SF

Department of the Treasury 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 1065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(t) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2016

	Department of Labor inployee Benefits Security Administration Pension Benefit Guaranty Corporation	the	Internal Revenue Code (the Co	e).	;	This Form is Open to Public						
C. C			accordance with the instructio	ns to the	Form 5500-SF.							
7,1	Part Annual Report calendar plan year 2016 or fi	t Identification Informatio		<u> </u>	-	- / /						
- 01	Galeridai piari year 2010 or ii		12/31/2016	and en		2/30/2017						
_	This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan a list of participating emp a foreign plan the final return/report a short plan year return/re	yer info	nation in accordance with the form instructions							
С	Check box if filing under:	x Form 5558 special extension (enter des	automatic extension		DFVC program							
p	art II Basic Plan Info	ormation enter all requeste	d information									
	Name of plan	Cities an requeste	a montation		16	Three-digit						
	Pervaiz Iqbal Defi	ned Benefit Pension Pl	an			plan number (PN) ▶ 001 Effective date of plan						
						01/01/2006						
2a	Mailing Address (include ro	loyer, if for a single-employer plan om, apt., suite no. and street, or f nce, country, and ZIP or foreign po	ins)		Employer Identification Number (EIN) 20-8729088							
	Pervaiz Iqbal Phys	cician PC)	Sponsor's telephone number (516) 801-1657						
	10 Harbour Court E	ast			20	Business code (see instructions) 621111						
_	US Roslyn MY 11576	and address X Same as Plan S	<u> </u>	 	-	Administrator's EIN						
				30	Administrator's telephone number							
4		he plan sponsor has changed sind umber from the last return/report.	ce the last return/report filed for the	plan, e	eter the 4b	EIN						
a	Sponsor's name			.	4c	PN						
5a	Total number of participants	s at the beginning of the plan year	「 ·		ii ———							
b		s at the end of the plan year			5	b 5						
С		account balances as of the end o		18	5 sins	c						
d	Total number of active pa	articipants at the beginning of the	plan year		5d	5						
d	• •	articipants at the end of the plan y			H	(2) 5						
е	1 11 40007	terminated employment during th	, -	s nat wer	· · · · · · · · · · · · · · · · · · ·	6e 0						
_		e or incomplete filing of this ret										
SI	nder penalties of perjury and of B or Schedule MB completed elief, it is true, correct, and co	and signed by an enrolled actuary	tructions, I declare that I have ex- y, as well as the electronic versio	arnined then of this r	nis return/report, return/report, and	including, if applicable, a Schedule d to the best of my knowledge and						
	SIGN Y		raiz	Imbal, M.D.								
200000	ERE Signature of plan-ad	ministrator		- 	ning as plan administrator							
2007/A				Idbal, M.D.								
	IERE Signature of employ	er/plan sponsor			- 	ning as employer or plan sponsor						
Р	<u> </u>	n name, if applicable) and address		Pre	parer's telephone number lip this question							

	Form 5500-SF 2016	. <u> </u>	Page 2							
 6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)	••••••	•••••				XYes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	n indepen nd condition of use For	dent qualified public accou ons.) m 5500-SF and must ins	tead	use F	orm	5500.			□No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	1)?	[Yes	X	lo Not	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year	r			(b) En	d of Year	
a	Total plan assets	7a	2,26	4,8	15				2,743	, 920
b	Total plan liabilities	7b			0					0
c	Net plan assets (subtract line 7b from line 7a)	7c	2,26	4,8	15				2,743	, 920
8	Income, Expenses, and Transfers for this Plan Year	100	(a) Amount					(b	Total	
а	Contributions received or receivable from:	0-/4)	17	5,0	 0.0					
	(1) Employers	8a(1)		3,0	0	-				
	(2) Participants	8a(2)	 		-					
	(3) Others (including rollovers)	8a(3) 8b	30	4 1						
<u>b</u>	Other income (loss)	8c	30	4,1	03				470	105
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00							4/9	,105
u	to provide benefits)	. 8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				4116	
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					ace a de u
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0_
i	Net income (loss) (subtract line 8h from line 8c)	8i							479	,105
ī	Transfers to (from) the plan (see instructions)	- 8j			0			1		
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f	eature cod	tes from the List of Plan C	harac	terist	ic Cod	des in th	ne instr	uctions:	
1	1A									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Ch	aracte	eristic	Code	es in the	instru	ctions:	
P.	rt V Compliance Questions		<u> </u>							
10	During the plan year:				Yes	No	NA		Amount	
a		itions with	in the time period			1			75110411	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		·			1				
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		x				
C				10c		х	Control of the Contro			
d						 -				
	by fraud or dishonesty?	**********		10d		х				
	Were any fees or commissions paid to any brokers, agents, or other organization that provides somethe plan? (See instructions.)	ne or all of	the benefits under	10e		х				
f	f Has the plan failed to provide any benefit when due under the plan?						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h			The second secon			
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	10ii		-				u company
	CACCEPTIONS to Providing the notice applied thidet 25 OFR 2520. TO	170		101		<u> </u>				

	Form 5500-SF 2016 Page 3	-[_						
							-						
Part			#										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru (Form 5500 and line 11a below)	tion	s an	com	plete	Sch	edule	SB		x	Yes [□ No	>
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500	line	e 40	•••		_ 1	1a						0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 4	2 o	fthe	ode	or se	ection	1 302	of			V 1	N	
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	·····	·····	******	*******	•••••••	********	********	.,,,,,,,	Ш	Yes	X No)
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye	ar s	see ii	struc	tions	and		r the	date	of the	letter	rulina	
	granting the waiver	ļ	и	nth_			Da			Ye			
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	o to	line	13.									
b	Enter the minimum required contribution for this plan year.				******	. 1	2b						
С	Enter the amount contributed by the employer to the plan for the plan year			*****	******	1	2c						_
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	18 ~				_ 1	2d						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	15			*******			Ye	s 🗀	No		N/A	_
Part	VII Plan Terminations and Transfers of Assets	1	1	•									
13a	Has a resolution to terminate the plan been adopted in any plan year?	I			******	. T	Г	$\overline{\neg}$	/es	X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1				1	3a						_
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan		r brou	ht u	nde			<u> </u>	7,	/es	X N	lo	_
	control of the PBGC?	-18		_									
	If, during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	ur(s)	, iden	fy th	e pla	an(s)	to						
13	Sc(1) Name of plan(s):	1		13	3c(2)	EIN	(s)		\perp	13	c(3) PI	V(s)	
Part	Trust Information - Skip These Questions												_
14a	Name of trust						14b	Trust	t's Ei	N			
14c	Name of trustee or custodian									r custo	odian's per		
Parl	IRS Compliance Questions - Skip These Questions												_
15a	Is the plan a 401(k) plan? If "No." skip b.		********		$\overline{\sqcap}$	Yes					No		
		╫		╫┤	_			2224			"Orior	year" A	
150	How did the plan satisfy the nondiscrimination requirements for employee deferrals under se 401(k)(3) for the plan year? Check all that apply:		n 		П		ign-b harb				test	year /	יט
							rrent		ı		N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for	r tile	plan	\blacksquare		Rati			_	Avera			
	year? Check all that apply:		*********			perc test	enta	ge			it test		N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and for the plan year by combining this plan with any other plan under the permissive aggregation					Yes	,				No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a fav	on t	ble IRS	Sipi	nion	lette	rora	dviso	ry le	tter, e	nter the	date o	f
17b	If the plan is an individually-designed plan that received a favorable determination letter from letter//	ı the	IRS,	епег	the	date	of the	e mos	st rec	ent de	etermin	ation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and here in the service?							\	Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior pla				•••••	••••••	<u></u> [Yes		No		

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

Pervaiz Iqbal Defined Benefit Pension Plan 20-8729088 / 001 For the plan year 12/31/2016 through 12/30/2017

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

Schedule SB, line 19 - Discounted Employer Contributions

Pervaiz Iqbal Defined Benefit Pension Plan 20-8729088 / 001

For the plan year 12/31/2016 through 12/30/2017 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/14/2018	\$175,000					
Applied to Additional Contribution	12/31/2016	144,250	132,012	0	0	5.34	0
Applied to MRC	12/31/2016	30,750	28,141	0	0	5.34	0
Totals for Deposited Contribution		\$175,000	\$160,153	\$0	\$0		

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

Pervaiz Igbal Defined Benefit Pension Plan 20-8729088 / 001

For the plan year 12/31/2016 through 12/30/2017

12/31/2016 Valuation Date:

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

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

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is 20% Life Annuity and 80% lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % Segment 1 0 - 5 1.55 Segment 2 6 - 20 3.76 Segment 3 > 20 4.73

Segment rates for the Valuation Date as

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

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -16C - 2016 Combined

> Cost of Living -None

16E - 2016 Applicable Mortality Table for 417(e) (unisex) at 5% Lump Sum -

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Pervaiz Iqbal Defined Benefit Pension Plan 20-8729088 / 001

For the plan year 12/31/2016 through 12/30/2017

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

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

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

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

Testing Service - Greatest benefiting service under DC and/or DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

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

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

Schedule SB, line 32 - Schedule of Amortization Bases

Pervaiz Iqbal Defined Benefit Pension Plan 20-8729088 / 001 For the plan year 12/31/2016 through 12/30/2017

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2016	170,322	Shortfall	170,322	7	28,141
Totals:				\$170,322		\$28,141

Schedule SB, Part V Summary of Plan Provisions

Pervaiz Iqbal Defined Benefit Pension Plan 20-8729088 / 001

For the plan year 12/31/2016 through 12/30/2017

Employer: Pervaiz Iqbal

Type of Entity - S Corporation

EIN: 20-8729088 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2006 Year end - 12/30/2017 Valuation - 12/31/2016

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

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

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

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

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

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

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

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

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

<u>Top Heavy Minimum:</u> Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$215,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Vesting Schedule: 100% vested in 3 years.

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

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.79
Segment 2	6 - 20	3.80
Segment 3	> 20	4.71
l		

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

Schedule SB, Part V Summary of Plan Provisions

Pervaiz Iqbal Defined Benefit Pension Plan 20-8729088 / 001

For the plan year 12/31/2016 through 12/30/2017

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

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

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).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

		▶ File as an attachme	ent to Form 5500 or	5500-SF.		
For	calendar plan year 2016 or fiscal pl	an year beginning 12/31	/2016	and ending	12/30/20	17
▶R	Round off amounts to nearest do	llar.				
▶ c	Caution: A penalty of \$1,000 will be	assessed for late filing of this report	unless reasonable ca	ause is established.		·
A N	ame of plan		B Three-digit			
Perv	vaiz Iqbal Defined Bene:	fit Pension Plan	plan number ((PN) •	001	
C PI	lan sponsor's name as shown on lir	ne 2a of Form 5500 or 5500-SF		D Employer Identi	fication Numb	per (EIN)
	vaiz Iqbal Physician PC			' '	729088	,
	.422 1424 111,010	[3227303333]				- Autorium
Ету	ype of plan: X Single Multiple	-A Multiple-B	Prior year plan size:	x 100 or fewer 110	01-500 🔲 I	More than 500
Pa	rt I Basic Information					
1	Enter the valuation date:	Month 12 Day 31	Year <u>2016</u>	_		
2	Assets:					
	a Market value				2a	2,258,594
	b Actuarial value				2b	2,258,594
3	Funding target/participant count be	reakdown:	(1) Number of	(2) Vested Fu	nding	(3) Total Funding
			participants	Target		Target
	a For retired participants and bene	eficiaries receiving payment	0		0	0
	b For terminated vested participar	0, ,	0		0	
	C For active participants		5	2,	2,428,916	
	· · ·		5	2,	428,916	2,428,916
		k the box and complete lines (a) and	(b)			
	a Funding target disregarding pres	scribed at-risk assumptions		4	a	
	b Funding target reflecting at-risk	assumptions, but disregarding transit	ion rule for plans that	have been in	b	
	at-risk status for fewer than fi	ve consecutive years and disregarding	ng loading factor .	• • • • • • • • • • • • • • • • • • • •		
5		·····	. "		5	5.34 %
6			• • • • • • • • • • • • • • • • • • • •		6	0
	ement by Enrolled Actuary he best of my knowledge, the information supp	lied in this schedule and accompanying schedule	s statements and attachmen	nts if any is complete and a	ccurate Fach pre	serihad assumption was applied in
acco	ordance with applicable law and regulations. In bination, offer my best estimate of anticipated	my opinion, each other assumption is reasonable	(taking into account the exp	perience of the plan and rea	sonable expectati	ons) and such other assumptions, in
1206090909	IGN .	e e 8		****		
	ERE	The a			09/28/	/2018
	\$5.05.05.05.05.05.05.0	ignature of actuary				
Signature of actuary Date Theodore Andersen, M.A.A.A., MSPA 17-02034						
		or print name of actuary				ollment number
	Pension Associat	·			(203) 35	
		Firm name		. — Teleph		(including area code)
	2001 West Main S			. з.орп		(
	Suite 230					
	US Stamford	CT 06902				
		Address of the firm				
If the	actuary has not fully reflected any i	regulation or ruling promulgated unde	er the statute in compl	leting this schedule, o	check the box	and see

Schedule SB (Form 5500) 2016	Page 2

	rt II B	egining of fear (Carryov	er and Prefunding Bala	ances						
						(a) (Carryover balance	•	(b)	Prefund	ing balance
7				licable adjustments (line 13 fro				_			_
									0		
8	Portion elected for use to offset prior year's funding requirement (line 35 from										
	prior year)							0			0
9_	Amount re	maining (line 7 minus lir	ne 8)	•••••	•••••			0			0
10	Interest on	line 9 using prior year's	s actual re	turn of <u>11.95</u> %	•••••			0			0
11	Prior year's	s excess contributions to	o be adde	d to prefunding balance:							
	a Present	value of excess contrib	outions (lir	ne 38a from prior year)	•••••						135,386
	b(1) Inter	est on the excess, if any	y, of line 3	88a over line 38b from prior ye	ar						
	Sche	edule SB, using prior ye	ar's effect	ive interest rate of6.20	%						8,394
	b(2) Inter	est on line 38b from prid	or vear So	chedule SB, using prior year's	actual						
				·····							0
	C Total av	vailable at beginning of	current pla	an year to add to prefunding ba	alanco						143,780
		•	•	, , ,							
42				palance							0
				ns or deemed elections				0			0
			•	+ line 10 + line 11d - line 12) .	•••••			0			0
Pa	rt III	Funding Percenta	ages								
14	Funding ta	rget attainment percent	age	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	•••••	•••••	• • • • • • • • •	•••••	14	92.98 %
15	Adjusted for	unding target attainmen	t percenta	ıge		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	•••••	15	92.98 %
16				s of determining whether carry						16	
	-									47	121.03 %
_1/	If the curre	nt value of the assets o	of the plan	is less than 70 percent of the	funding t	arget, enter	such percentage	••••	•••••	17	%
Pa	rt IV	Contributions and	d Liauic	lity Shortfalls							
				ity Onortians							
18				year by employer(s) and employer	oyees:						
	Contributio	ons made to the plan for (b) Amount pa	the plan	year by employer(s) and employer(c) Amount paid by	(a) Date	(b) Amoun		у		ount paid by
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer	(a) Date D-YYYY)	(b) Amour employ		у		ount paid by loyees
(M	Contributio	(b) Amount pa	the plan	year by employer(s) and employer(c) Amount paid by	(a				у		
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a				У		
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a				у		
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a				У		
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a				У		
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a				y		
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a				y		
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a			/er(s)		emp	
(M	Contribution (a) Date M-DD-YYYY	(b) Amount pa	the plangaid by	year by employer(s) and employer(c) Amount paid by	(a	Ď-YYYY)		/er(s)	y 000 18(c	emp	
(M 09,	Contributio (a) Date M-DD-YYYY /14/2018	(b) Amount pa employer(s	r the plan aid by s) 75,000	year by employer(s) and employer(c) Amount paid by	(a (MM-E	Ď-YYYY) ▶ 18(b)	employ	175,	000 18(c	emp	loyees
(M 09,	Contribution (a) Date M-DD-YYYY /14/2018	(b) Amount pa employer(s	r the plan aid by s) 75,000	year by employer(s) and employer (c) Amount paid by employees	Totals	▶ 18(b) n date after	the beginning of	175,	000 18(c	emp	loyees
(M 09,	Contribution (a) Date M-DD-YYYY /14/2018 Discounted a Contribution	(b) Amount pa employer(s 1 demployer contributions allocated toward	r the plan aid by s) 75,000 s see in unpaid mi	year by employer(s) and employer (c) Amount paid by employees structions for small plan with a nimum required contributions for	Totals valuation	▶ 18(b) n date after years	the beginning of	175,0the year 19a	000 18(c	emp	o 0
(M 09,	Contributio (a) Date M-DD-YYYY /14/2018 Discounted a Contribution	d employer contributions allocated toward strions made to avoid res	r the plan aid by s) 75,000 s see in unpaid mi	year by employer(s) and employer (c) Amount paid by employees structions for small plan with a nimum required contributions for adjusted to valuation date	Totals valuation from prior	▶ 18(b) In date after years	the beginning of	175,0 the year 19a 19b	000 18(c	emp	O O
(M 09,	Contribution (a) Date M-DD-YYYY /14/2018 Discounted a Contribut C Contribut C Contribut	d employer contributions allocated toward utions utions allocated toward utions allocated toward utions utions allocated toward utions utions allocated toward utions allocated toward utions ution	s see in unpaid mi strictions a minimum	year by employer(s) and employer (c) Amount paid by employees structions for small plan with a nimum required contributions for structions for small plan with a nimum required contribution for current required contribution for current plants.	Totals valuation from prior	▶ 18(b) In date after years	the beginning of	175,0the year 19a	000 18(c	emp	O O
(M 09,	Contribution (a) Date M-DD-YYYY (14/2018 Discounted a Contribut b Contribut Quarterly of	d employer contributions allocated toward is contributions and liquiditions and liquidition	r the plan said by s) 75,000 s see in unpaid mi strictions a minimum ty shortfall	year by employer(s) and employers (c) Amount paid by employees employees employees estructions for small plan with a nimum required contributions fadjusted to valuation date required contribution for currer ls:	Totals valuation from prion	▶ 18(b) • date after • years • • • • • • • • • • • • • • • • • • •	the beginning of	175,0 the year 19a 19b 19c	000 18(c)	0 0 0 160,153
(M 09,	Discounted a Contribut C Contribut C Quarterly of a Did the	d employer contributions allocated toward intons allocated toward into allocated towar	s see in unpaid mi strictions a minimum ty shortfall" for	year by employer(s) and employers (c) Amount paid by employees employees estructions for small plan with a nimum required contributions for currer decired contribution for currer ls:	Totals valuation	18(b) date after years	the beginning of a	175,0 the year 19a 19b 19c	000 18(c))	0 0 0 160,153
(M 09,	Discounted a Contribut b Contribut C Contribut D User D User	d employer contributions allocated toward into allocated toward in	s see in unpaid mi strictions a minimum ty shortfall ortfall ortfal	structions for small plan with a nimum required contributions for currer ls:	Totals valuation from prior	▶ 18(b) In date after years Ijusted to varie in a timely	the beginning of a	175,0 the year 19a 19b 19c	000 18(c))	0 0 160,153
(M 09,	Discounted a Contribut b Contribut C Contribut D User D User	d employer contributions allocated toward into allocated toward in	s see in unpaid mi strictions a minimum ty shortfall ortfall ortfal	structions for small plan with a nimum required contributions for currer ls: the prior year?	Totals valuation from prior nt year act year mades applicable	▶ 18(b) In date after years ljusted to value in a timelyele:	the beginning of the be	175,0 the year 19a 19b 19c	000 18(c))	0 0 0 160,153
(M 09,	Discounted a Contribution C Contribution C Contribution C Contribution C Contribution C Contribution C C If line 20 C If line 20	d employer contributions allocated toward contributions and liquiditions and liquiditions and sis "Yes," were required as is "Yes," see instructions allocated toward sometiments and sis "Yes," see instructions and sis "Yes	s see in unpaid mi strictions a minimum ty shortfall ortfall ortfal	structions for small plan with a nimum required contributions for currer ls: the prior year? typinstallments for the current yearplete the following table as Liquidity shortfall as of end	Totals valuation from prior nt year act year mades applicable	▶ 18(b) In date after years Ijusted to var e in a timely le: r of this pla	the beginning of the be	175,0 the year 19a 19b 19c	000 18(c))	0 0 0 160,153 Yes X No Yes No
(M 09)	Discounted a Contribution C Contribution C Contribution C Contribution C Contribution C Contribution C C If line 20 C If line 20	d employer contributions allocated toward into allocated toward in	s see in unpaid mi strictions a minimum ty shortfall ortfall ortfal	structions for small plan with a nimum required contributions for currer ls: the prior year?	Totals valuation from prior nt year act year mades applicable	▶ 18(b) In date after years ljusted to value in a timelyele:	the beginning of the be	175,0 the year 19a 19b 19c	000 18(c))	0 0 0 160,153 Yes X No Yes No

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discou	unt rate:					
	a Seg	gment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	,	N/A, full yield curve used
b Applicable month (enter code)							0
22	Weigh	ted average re	etirement age			22	62
23	Mortal	ity table(s) (se	e instructions) X Pr	escribed - combined Pres	scribed - separate	Substitu	te
Pa	rt VI	Miscellane	eous items				
24		-	•	tuarial assumptions for the current			
				• • • • • • • • • • • • • • • • • • • •			
				lan year? If "Yes," see instructions			
				Participants? If "Yes," see instruc		l attachme	nt Yes X No
		•		ter applicable code and see instru		27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years		
28	Unpaid	d minimum req	uired contributions for all prior	years		28	0
29				d unpaid minimum required contrib		29	0
30				ntributions (line 28 minus line 29)		30	0
Pa	rt VIII	Minimum	Required Contribution	For Current Year			
31	Target	normal cost a	nd excess assets (see instruct	tions):			
	a Targ	et normal cost	t (line 6) .			31a	0
	b Exce	ess assets, if a	pplicable, but not greater than	line 31a		31b	0
32	Amorti	ization installm	ents:		Outstanding Bala	ance	Installment
	a Net	shortfall amort	ization installment		1	170,322	28,141
	b Wai	ver amortizatio	n installment	• • • • • • • • • • • • • • • • • • • •		0	0
33		niver has been		nter the date of the ruling letter gra) and the waived amount .		33	0
34	Total fo	unding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	28,141
				Carryover balance	Prefunding Bala	ance	Total balance
35	Baland	ces elected for	use to offset funding				
	require	ement	• • • • • • • • • • • • • • • •	0		0	0
						36	28,141
37				ontribution for current year adjuste		37	160,153
38			ess contributions for current ye				100,133
				• • • • • • • • • • • • • • • • • • • •		38a	132,012
				prefunding and funding standard of		38b	0
39				ear (excess, if any, of line 36 over	-	39	0
40				s	•	40	0
Pa	rt IX			Pension Relief Act of 2010)	
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:			
	a Sche	edule elected .					2 plus 7 years 15 years
	b Eligi	ble plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011
42	Amoun	t of acceleration	on adjustment			42	
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43	