Forn	n 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl Benefit Plan						
	ent of the Treasury Revenue Service	This form is required to be file		4065 of the Employee R	etirement		2018		
	rtment of Labor fits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the			orm is Open to		
Pension Bene	fit Guaranty Corporation	 Complete all entries in a 	accordance with the ins	tructions to the Form 5	500-SF.	Publi	c Inspection		
		Identification Information							
For calendar	plan year 2018 or fis	scal plan year beginning 12/31/2	—		2/30/2019				
A This retur	n/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (employer information in ac		-			
B This returr	/roport is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check bo	x if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name of	•	FIT PENSION PLAN			1b Thre	e-digit number			
	AL DEFINED BENEI	FIT PENSION PLAN			(PN)		001		
					1c Effect	tive date of 01/01			
	nsor's name (emplo Iddress (include roor		2b Employer Identification Number (EIN) 20-8729088						
-	wn, state or provinc	structions)	2c Sponsor's telephone number 516-801-1657						
					2d Busir	ness code (s	see instructions)		
10 HARBOUR ROSLYN, NY 1						6211	11		
3a Plan adn	ninistrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	inistrator's E	IN		
					3c Admi	inistrator's t	elephone number		
4 If the nat	me and/or FIN of the	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
		nsor's name, EIN, the plan name a							
a Sponsorc Plan Nar					4d PN				
5a Total nu	mber of participants	at the beginning of the plan year.			5a		8		
		at the end of the plan year			5b		9		
		account balances as of the end of			5c				
	,	rticipants at the beginning of the p			5d(1)		8		
		rticipants at the end of the plan ye	-		5d(2)		9		
e Number	of participants who	terminated employment during the	e plan year with accrued l	penefits that were less	5e		0		
than 10	0% vested	or incomplete filing of this return	n/renort will be assessed	d unless reasonable ca		hlished			
Under penalt	ies of perjury and otl ule MB completed ar	her penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applic			
	e, correct, and comp iled with authorized	olete. /valid electronic signature.	09/15/2020	PERVAIZ IQBAL, M.D).				
HERE	Signature of plan a	Ŭ	Date	Enter name of individ		as nlan adm	ninistrator		
	•	valid electronic signature.	09/15/2020	PERVAIZ IQBAL, M.E	<u>v</u> v				
HERE	Signature of emplo		Date	Enter name of individ		as employe	r or plan sponsor		
		e, see the Instructions for Form 550			aai siyilliiy		orm 5500-SF (2018)		

v.171027

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No [
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined										
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined										
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?											
	See instructions.)										
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)											
Part III Financial Information											
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of											
a Total plan assets 7a 2989726	3589789										
b Total plan liabilities											
C Net plan assets (subtract line 7b from line 7a) 7c 2989726	3589789										
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Tot	tal										
a Contributions received or receivable from: (1) Employers											
(1) Employers											
(2) Fantcipants											
b Other income (loss) 8b 600063											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	600063										
d Benefits paid (including direct rollovers and insurance premiums											
to provide benefits)											
Certain deemed and/or corrective distributions (see instructions) 8e											
f Administrative service providers (salaries, fees, commissions) 8f											
g Other expenses											
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h											
i Net income (loss) (subtract line 8h from line 8c)	600063										
j Transfers to (from) the plan (see instructions)											
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instru	ctions:										
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction	tions:										
Part V Compliance Questions											
10During the plan year:YesNoAnd	nount										

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
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.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		100000
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and im 5500) and line 11a below)	•	edule S	;В		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		d enter Da		e of the l		lling
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	Will	the 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 resolution to terminate the plan been adopted in any plan year?			Y	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	EIN(s)	EIN(s)			N(s)	

	SCH	IEDULE SB	Single-E	Employ	ver Define	d Ben	efit Plan		OMB N	lo. 1210-0110
		orm 5500)	<u>-</u>		rial Inform				-	2018
		tment of the Treasury nal Revenue Service	This schodule is	required to	be filed under e	option 10/	1 of the Employ		-	
		partment of Labor nefits Security Administration	Retirement Incom	ne Security		SA) and s				is Open to Public
		nefit Guaranty Corporation	N File		evenue Code (th	,			Ins	spection
Fo	or calendar i	blan year 2018 or fiscal pla		12/31/201		5500 or :	and endin	a 12/3	0/2019	
		amounts to nearest dol			-			3		
	Caution:	A penalty of \$1,000 will be	assessed for late filing	g of this rep	ort unless reasor	nable cau	se is established	d.		
Α	Name of pla						B Three-dig	git		
	PERVAIZ	QBAL DEFINED BENEFI	PENSION PLAN				plan num	ber (PN))	001
С	•	or's name as shown on lin	e 2a of Form 5500 or §	5500-SF			D Employer	Identifica	ation Number (E	EIN)
	PERVAIZ	QBAL PHYSICIAN PC						20-872	9088	
F	Type of plar	: 🗙 Single 🗌 Multiple	-A Multiple-B		F Prior year pla	on sizo: 🗴	100 or fewer	□ 101-{	500 🗌 More th	an 500
						un 3120. /				
1		Basic Information	Month 12	Day <u>31</u>	Year 20)18				
2				Day						
		value						. 2a		2983763
	b Actuar	ial value						. 2b		2983763
3		target/participant count br				(1) N	Number of	. ,	sted Funding	(3) Total Funding
	a For ret	ired participants and bene	ficiaries receiving navr	ment		•	rticipants 0		Target	Target 0
		minated vested participan	01.7				0		0	0
		ive participants					9		2970530	2970530
							9		2970530	2970530
4		n is in at-risk status, checl				1 Г	7		2010000	2010000
	a Fundir	ig target disregarding pres	cribed at-risk assumpt	ions		L		4a		
	_	g target reflecting at-risk a						4b		
		status for fewer than five		-						
5 6	_	interest rate						5 6		<u>5.34 %</u> 0
		ormal cost Enrolled Actuary						0		0
	To the best of accordance wi	my knowledge, the information sup th applicable law and regulations. Iffer my best estimate of anticipate	In my opinion, each other assu							
	SIGN HERE								06/15/202	20
		S	Signature of actuary				_		Date	
	THEODORE	ANDERSEN, M.A.A.A., I	MSPA						20-02034	4
			or print name of actuar	У				Most r	ecent enrollme	
	PENSION A	SSOCIATES							203-356-03	
	2001 WEST SUITE 230 STAMFORE	MAIN STREET 9, CT 06902	Firm name				Ie	elephone	number (includ	ling area code)
			Address of the firm				-			
	ne actuary ha	as not fully reflected any re	egulation or ruling prom	nulgated un	der the statute in	o completi	ng this schedule	e, check	the box and se	e
Fo	or Paperwo	k Reduction Act Notice,	see the Instructions	for Form 5	500 or 5500-SF.				Schedule S	B (Form 5500) 2018 v. 171027

P	art II	Begin	ning of Year	Carryov	er and Prefunding E	Bala	ances									
							_		(a) C	arryover balan	ce		(b) Pi	efundir	ng balan	се
7		•			able adjustments (line 13 f						0					0
8			•	•	nding requirement (line 35						0					0
9	Amount	remaining	g (line 7 minus line	98)							0					0
10	Interest of	on line 9 ι	using prior year's a	actual retur	rn of%						0					0
11	Prior yea	ır's exces	s contributions to	be added t	to prefunding balance:											
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)										1830	88
			he excess, if any, B, using prior year		over line 38b from prior y interest rate of <u>5.33</u>								9759			
	b(2) Interest on line 38b from pr			year Sche	ar Schedule SB, using prior year's actual											
	return C Total available at beginning of cur						••••••									0
							-								1928	47
	d Portion of (c) to be added to pr			unding bala	ance			•								0
12	12 Other reductions in balances due			elections	or deemed elections								0			
13	13 Balance at beginning of current ye			r (line 9 + l	ine 10 + line 11d – line 12)					0					0
F	Part III Funding Percentages															
14	14 Funding target attainment percentage									14	10	0.44%				
15	15 Adjusted funding target attainment percentage								15	10	0.44%					
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	10	1.34%							
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage						17		%								
P	Part IV	Con	tributions and	d Liquid	ity Shortfalls											
18	Contribu	tions mad	de to the plan for t	he plan yea	ar by employer(s) and emp	oloye	es:									
((a) Dat		(b) Amount p	-	(c) Amount paid by							by (c) Amount paid by employees			у	
(1	MM-DD-Y	* * *)	employer	(S)	employees	-	(MM-DD)- Y Y Y Y)	employ	er(s)			empic	byees	<u> </u>
						-										
						Т	otals ►	18	8(b)			0	18(c)			0
19	Discount	ed emplo	over contributions	– see instru	uctions for small plan with	a va	luation da	ate afte	r the	beginning of th	e year	:				
	a Contri	butions a	llocated toward ur	npaid minin	num required contributions	s fror	n prior ye	ars			19a	1				0
	b Contri	butions m	ade to avoid restr	ictions adju	usted to valuation date						19b)				0
	C Contril	outions all	ocated toward mini	imum requii	red contribution for current y	/ear a	adjusted to	o valuat	tion d	ate	19c	;				0
20	Quarterly	/ contribu	tions and liquidity	shortfalls:												
	a Did th	e plan ha	ve a "funding sho	rtfall" for the	e prior year?										Yes	No
	b If line	20a is "Y	es," were required	l quarterly i	installments for the current	t yea	ar made in	n a time	ely ma	anner?					Yes	No
					nplete the following table a	-										
					Liquidity shortfall as of e		-	of this	plan y	year						
		(1) 1s ⁻	t		(2) 2nd				(3)	3rd			(•	4) 4th		

Page 3

P	Part V	Assumpti	ions Used to Dete	ermine Fundi	ng Target and Ta	rget Normal Cost					
21	Discour	nt rate:		I							
	a Segn	nent rates:	1st segment: 3.92%		2nd segment: 5.52%	3rd segment		N/A, full yield curve used			
	b Appli	cable month (er	nter code)				. 21b	0			
22	Weighte	ed average retir	rement age				. 22	62			
23	Mortality	y table(s) (see	instructions) Prior re	egulation:	Prescribed - con	nbined Prescribe	ed - separate	e Substitute			
			Curren	t regulation:	X Prescribed - con	nbined Prescribe	ed - separat	e Substitute			
Pa	art VI	Miscellane	eous Items								
24		•			•	plan year? If "Yes," see		regarding required			
25	Has a m	nethod change	been made for the curr	ent plan year? If	"Yes," see instructions	regarding required attac	hment	Yes 🛛 No			
26	Is the pl	an required to	provide a Schedule of A	Active Participants	s? If "Yes," see instruc	tions regarding required	attachment	Yes 🛛 No			
27			alternative funding rule			ctions regarding	27				
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
28	28 Unpaid minimum required contributions for all prior years 0										
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)										
30	Remain	ing amount of ι	unpaid minimum require	ed contributions (I	ine 28 minus line 29) .		30	0			
Pa	Part VIII Minimum Required Contribution For Current Year										
31	31 Target normal cost and excess assets (see instructions):										
	a Target	t normal cost (li	ine 6)				31a	0			
				than line 31a			. 31b	0			
32	Amortiz	ation installmer	nts:			Outstanding Bal	ance	Installment			
			ation installment				0	0			
			installment				0	0			
33			oproved for this plan ye Day Year			nting the approval	. 33				
34	Total fu	nding requirem				31b + 32a + 32b - 33)	. 34	0			
				C	arryover balance	Prefunding bala	ince	Total balance			
35			se to offset funding		0		0	0			
36	Addition	al cash require	ement (line 34 minus lin	e 35)			. 36	0			
37			l toward minimum requi			d to valuation date (line	37	0			
38	Present	value of exces	s contributions for curre	ent year (see inst	ructions)		· · · · · ·				
	a Total	(excess, if any,	of line 37 over line 36)				38a	0			
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							0			
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								0			
40				-			. 40	0			
Pa	rt IX	Pension	Funding Relief U	nder Pension	Relief Act of 201	0 (See Instruction	s)				
41	If an ele	ction was made	e to use PRA 2010 fund	ling relief for this	plan:						
	a Scheo	ule elected						2 plus 7 years			
	b Eligib	le plan year(s)	for which the election ir	n line 41a was ma	de		200	08 2009 2010 2011			

	Form 5500-SF	Short Form Annual		ırn/Report of nefit Plan	f Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be			nd 4065 of the Employ	ree -	2	2018
training in the local division of the	Department of Labor loyee Benefits Security Administration ension Benefit Guaranty Corporation	2002	ternal R	evenue Code (the C	Code).			s Open to Public spection
Da	rt I Annual Report Id	Complete all entries in acc dentification Information	corgan	ce with the instruc	tions to the Form oo	00-Sr.		H4
	alendar plan year 2018 or fisca			12/31/2018	and ending	12/	30/2019	
		x a single-employer plan			an (not multiemployer)			must attach
	his return/report is for: his return/report is:	a one-participant plan the first return/report an amended return/report	a lis	st of participating er oreign plan final return/report	nployer information in n/report (less than 12	accordanc		
c c		x Form 5558 special extension (enter descrip	tion)	omatic extension			DFVC progra	m
States and Party of the local division in which the local division in the local division		mation enter all requested in	nformat	ion			white second second second	
1a	Name of plan Pervaiz Iqbal Define	ed Benefit Pension Plan	n			pl	hree-digit an number ⁰N) ►	001
						1C E	ffective date o 1/01/2006	fplan
2a	Plan sponsor's name (employe Mailing Address (include room City or town, state or province	uctions)	2b Employer Identification Number (EIN) 20-8729088					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Pervaiz Iqbal Physician PC (EIN) 20-3723033 2C Sponsor's telephone numb (516) 801-1657								
	10 Harbour Court Eas	10 Harbour Court East 2d Business code (see instruction: 621111						
	US Roslyn NY 11576							
3a	Plan administrator's name and	address 🕱 Same as Plan Spo	onsor			3b A	dministrator's	EIN
						3c A	dministrator's	telephone number
4		plan sponsor or the plan name has or's name, EIN, the plan name an				4b E	IN	
	Sponsor's name Plan Name	or o name, Ent, the plan name an				4d P	Ν	
<u>5a</u>	Total number of participants a	t the beginning of the plan year		and the local sector of the	anno ann an an an an an	. 5a		8
		t the end of the plan year				the second se		9
	Number of participants with ac	ccount balances as of the end of th	he plan	year (only defined of	contribution plans	50		
d(1		cipants at the beginning of the pla)	8
d(2	The second se	cipants at the end of the plan year			*****	. 5d(2))	9
0		erminated employment during the p				5e		0
Cau	ution: A penalty for the late o	or incomplete filing of this return	n/report	t will be assessed	unless reasonable c	ause is es	tablished.	
SB	der penalties of perjury and oth or Schedule MB completed an ief, it is true, correct, and comp	er penalties set forth in the instruc d signed by an enrolled actuary, a lete	ctions, I as well a	declare that I have as the electronic ver	examined this return/ sion of this return/rep	report, incl ort, and to	uding, if applic the best of my	able, a Schedule knowledge and
SI	GN V				Pervaiz Iqbal,	M.D.		
ALC: NOT THE REAL PROPERTY OF	ERE Signature of plan admin	nistrator		Date 10/20	Enter name of individ	lual signing	as plan admi	nistrator

Date 9/1 1

SIGN	0	AT A A A A A A A A A A A A A A A A A A	
HERE	Signature	or employer/plan sponsor	Date 🖉
For Pap	erwork Red	duction Act Notice, see the instructions	for Form 6600-SF

Pervaiz Iqbal, M.D.

Enter name of individual signing as employer or plan sponsor

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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	XYes No
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
Ŭ		(See instructions.)

D	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	2,989,726	3,589,789							
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	2,989,726	3,589,789							
8	Income, Expenses, and Transfers for this Plan Year	-	(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	600,063								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		600,063							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i		600,063							
j	Transfers to (from) the plan (see instructions)	8j									
-											

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
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.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	х			100,000
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Page **3 -**

Part	: VI	Pension Funding Compliance							
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								No
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					0
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								No
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ir g the waiver	nstructions, an /Ionth	d enter t Day		of the Ye		uling	_
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Enter t	ne minimum required contribution for this plan year		12b					
С	C Enter the amount contributed by the employer to the plan for the plan year								
d	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 negative amount) 12d								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part	: VII	Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?							X No		
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	•••••••	13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?								
C 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)						13	c(3) P	N(s)	

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

Pervaiz Iqbal Defined Benefit Pension Plan 20-8729088 / 001 For the plan year 12/31/2018 through 12/30/2019

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, Part V Statement of Actuarial Assumptions/Methods

Pervaiz Iqbal Defined Benefit Pension Plan

20-8729088 / 001

For the plan year 12/31/2018 through 12/30/2019

Valuation Date:	12/31/2018								
Funding Method:	nding Method: As prescribed in IRC Section 430								
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									
Interest Rates	Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA								
	Segment #	Year	Rate %	Segment #	Year	Rate %			
	Segment 1	0 - 5	2.50	Segment 1	0 - 5	3.92			
	Segment 2	6 - 20	3.92	Segment 2	6 - 20	5.52			
	Segment 3	> 20	4.50	Segment 3	> 20	6.29			
Pre-Retirement -	Mortality Table - Early Retirement Table Turnover Table -	None							
	Disability Table -	None							
	Salary Scale -	None							
	Expense Load - Ancillary Ben Load -	None None							
	Ancillary Ben Load -	None							
Post-Retirement -	2	18C - 2	2018 Combir	ned					
	Cost of Living -	None							
Lump Sum - 19E - 2019 Applicable Mortality Table for 417(e) (unisex) at 5% or 18E - 2018 Applicable Mortality Table for 417(e) (unisex)									
Asset Valuation Method:	Fair market value of as	ssets adju	sted for cont	ributions under IR(C 430(g)(4)				
Discrimination Test Assumption	ns:								
HCE Determination -	Based on all employee	es							
Otherwise Eveludet	Otherwise Eveludeble	and a Fach debte UOFs are included with the Net Otherwise Fach debte and have a							

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 12/31/2018 through 12/30/2019

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

Pre-Retirement -	Interest -	8.5%				
Post-Retirement -		8.5% 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% Surv	vivor 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, Part V Summary of Plan Provisions

Pervaiz Iqbal Defined Benefit Pension Plan

20-8729088 / 001

For the plan year 12/31/2018 through 12/30/2019

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 - 12/30/2019 Valuation - 12/31/2018				
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union				
Eligibility.					
	Minimum age - 21 Months of service - 12				
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000				
Plan Entry -	12/31 or 06/30 the plan year on or next following eligibility satisfaction				
	Attainment of age 62 and completion of 5 years of participation 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 as of 01/01/2017				
	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				
Top Heavy Minimum:	Frozen Top-Heavy benefit				
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$225,000				
	Maximum 401(a)(17) compensation - \$275,000				
Normal Form:	Life Annuity				
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50% or 75% 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 Bene	fit: Based on the greater of 417(e) or Actuarial Equivalence				

<u>417(e):</u>

Segment #	Years	Rate %
Segment 1	0 - 5	3.43
Segment 2	6 - 20	4.46
Segment 3	> 20	4.88
	Segment 1 Segment 2	Segment 1 0 - 5 Segment 2 6 - 20

Mortality Table - 18E - 2018 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 12/31/2018 through 12/30/2019

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	19E - 2019 Applicable Mortality Table for 417(e) (unisex)

SCHEDULE SB	Single-Employer	Defined Bei	nefit Plan		01	MB No. 1210-0110		
(Form 5500)	Actuaria			6646				
Department of the Treasury	710100110	in in or in delor				2018		
Internal Revenue Service	This schedule is required to be fi	led under section 104	of the Employee	_				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Benefits Security Administration Internal Revenue Code (the Code).							
	File as an attachme					······································		
For calendar plan year 2018 or fiscal p		/2018	and ending	12/	30/201	9		
 Round off amounts to nearest do Caution: A penalty of \$1,000 will be 		unloss reasonable ca	ico ic octablichod		1			
A Name of plan	assessed for fate lining of this report i	uniess reasonable cat	B Three-digit					
Pervaiz Iqbal Defined Bene	fit Pension Plan		plan numb		►	001		
Tervary repar berrada bene								
		· · · · · · · · · · · · · · · · · · ·						
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer Ide	entificatio	on Numbe	er (EIN)		
Pervaiz Iqbal Physician PC			20)-8729	088	· .		
		Prior year plan size:	z]100 or fower			ore than 500		
E Type of plan: X Single Multiple	e-A [] Multiple-B	Prior year plan sizę. La		101-50				
Part I Basic Information				· · · · · · · · · · · · · · · · · · ·				
1 Enter the valuation date:	Month 12 Day 31	Year 2018	-					
2 Assets:			ſ	2.		2,983,763		
	•••••			2a 2b				
		1	(0)) (2,983,763		
3 Funding target/participant count b	reakdown:	(1) Number of participants	(2) Vested Tarç		۹ 	(3) Total Funding Target		
a For retired participants and ben	eficiaries receiving payment	0			0	0		
b For terminated vested participation	nts	0			0	0		
c For active participants		9		2,970,530		2,970,530		
d Totai		9		2,970,530 2,		2,970,530		
4 If the plan is in at-risk status, chec	ck the box and complete lines (a) and	(b)						
	scribed at-risk assumptions			4a				
	assumptions, but disregarding transiti ive consecutive years and disregardin		nave been in	4b				
5 Effective interest rate				5		5.34 %		
6 Target normal cost				6		0		
Statement by Enrolled Actuary To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	my opinion, each other assumption is reasonable	s, statements and attachment (taking into account the exp	ts, if any, is complete an erience of the plan and	nd accurate reasonable	e. Each presri expectations	bed assumption was applied in s) and such other assumptions, in		
SIGN HERE	h di				07/23/2	2020		
	Signature of actuary				Date	e		
Theodore Anders	en, M.A.A.A., MSPA				20-0203	34		
Туре	or print name of actuary			Most re	ecent enro	liment number		
Pension Associa	tes		. 	(20	3) 356	-0306		
	Firm name		Te	ephone	number (ii	ncluding area code)		
2001 West Main	Street							
Suite 230 US Stamford	CT 06902							
	Address of the firm							
If the actuary has not fully reflected any instructions	regulation or ruling promulgated unde	r the statute in comple	eting this schedule	e, check	the box a	nd see		

For Paperwork Reduction Act Notice, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2018 v. 171027

ugo -	Page	2	
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Pa	rt II 🛛 E	Beginning of Year	Carrvo	ver and Prefunding Bal	ances						
	-					(a)	Carryover balance		(b) l	Prefundi	ng balance
7				icable adjustments (line 13 fro		. 0				0	
8				funding requirement (line 35 fr							
		,		• • • • • • • • • • • • • • • • • • • •				0			0
9								0			0
10				turn of <u>5.33</u> %	••••			0			0
11				d to prefunding balance:							
		nt value of excess contri		,	•••••						183,088
	. ,			38a over line 38b from prior ye ive interest rate of							9,759
	. ,	•		hedule SB, using prior year's							0
	C Total a	vailable at beginning of	current pla	an year to add to prefunding b	alance						192,847
		• •		palance							0
12				s or deemed elections				0			0
	-			+ line 10 + line 11d - line 12)				0			0
Pa	rt III	Funding Percent	aues	·							
			-	•••••						14	100.44 %
-				ge						15	100.44 %
	Prior year	's funding percentage fo	or purpose	s of determining whether carry	over/prefu	unding bala	nces may be used	to redu	ice	16	104.51 %
17				is less than 70 percent of the					•••••	17	<u> </u>
	rt IV	Contributions an		•	5	5,	1 3				
			•	year by employer(s) and employer	ovees.						
	(a) Date M-DD-YYY	(b) Amount p	aid by	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount employ		y		unt paid by loyees
										1	
					Totals	、 ,			18(c))	
19				structions for small plan with a			r		T		
	-			nimum required contributions		-	ŀ	19a			0
				adjusted to valuation date			Г	19b			0
				required contribution for curre	nt year ad	justed to va	luation date	19c			0
20	,	contributions and liquid	,								-
								Yes X No			
			•			-	er?	•••••	·····	••••• ∟	Yes No
	C If line 2	ua is "Yes," see instruc	tions and c	complete the following table as Liquidity shortfall as of end			n vear				
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4t	h
					1					. /	

Page 3

Pa	rt V	Assumption	ons Used To Determine	e Funding Target and Targ	get Normal Cost				
21	Disco	unt rate:			_				
	a Se	gment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %)	N/A, full yield curve used		
	b Ap	plicable month	(enter code)		• • • • • • • • • • • •	21b	0		
22	Weigł	nted average re	etirement age			22	62		
23	Morta	lity table(s) (se	e instructions) Prior regu	lation: Prescribed - co	mbined Prescrib	oed - separ	ate Substitute		
			Current re	egulation: X Prescribed - co	mbined Prescrib	oed - separ	ate Substitute		
Pa	t VI	Miscellane	eous items						
24	Has a	ı change been ı	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required		
	attach	nment					••••••••••••••••••••••••••••••••••••••		
25	Has a	method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes 🗶 No		
26	Is the	plan required t	o provide a Schedule of Active	e Participants? If "Yes," see instruc	tions regarding required	attachment	••••••••••••••••••••••••••••••••••••••		
27	If the	plan is subject	to alternative funding rules, en	ter applicable code and see instru	ctions regarding	27			
_									
Pa	t VII	Reconcili	ation of Unpaid Minim	um Required Contributior	ns For Prior Years				
				years		28	0		
29				d unpaid minimum required contrik		29	0		
30	Rema	aining amount o	of unpaid minimum required co	ntributions (line 28 minus line 29)		30	0		
Pa	t VIII	Minimum	Required Contribution	n For Current Year					
31	Targe	et normal cost a	ind excess assets (see instruct	tions):					
	a Tar	get normal cost	t (line 6)			31a	0		
	b Exc	ess assets, if a	pplicable, but not greater than	line 31a		31b	0		
32	Amor	tization installm	nents:		Outstanding Bala	ince	Installment		
	a Net	shortfall amort	ization installment			0	0		
	b Wa	iver amortizatio	on installment			0	0		
33				nter the date of the ruling letter gra) and the waived amount .	• • • •	33			
34	Total	funding require	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0		
				Carryover balance	Prefunding Bala	nce	Total balance		
35			use to offset funding			0			
25			iromont (lino 24 minus lino 25)	0		0 36	0		
	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) 37 0								
	38 Present value of excess contributions for current year (see instructions)								
	a Total (excess, if any, of line 37 over line 36)								
	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								
				s		40	0		
Par	t IX	Pension	Funding Relief Under	Pension Relief Act of 201	0 (See Instructions)			
41	lf an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sch	edule elected	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	• • • • □] 2 plus 7 years 🔲 15 years		
	b Eligible plan year(s) for which the election in line 41a was made								