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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	al Report Identification Information				
For calendar plan ye	ar 2014 or fiscal plan year beginning 01/01/2	01 <u>4</u>	and ending 12/	31/2014	_
A This return/report		of participating empl	olan (not multiemployer) (oyer information in accord	-	
	a one-participant plan	a foreign plan			
B This return/report	is the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check box if filing		automatic extension		DFVC pro	ogram
	special extension (enter descri	<u> </u>			
Part II Basic	Plan Information—enter all requested in	formation			
1a Name of plan ELMHURST UNITED	MEDICAL P.C. DEFINED BENEFIT PLAN			1b Three-digit plan number (PN) ▶	r 001
				1c Effective date	
2a Plan sponsor's r ELMHURST UNITED N	name and address; include room or suite numb	er (employer, if for a single	e-employer plan)		entification Number 6-2524678
4502 82ND STREET				2c Sponsor's to 718	elephone number 3-803-3555
ELMHURST, NY 1137	3				de (see instructions) 21340
3a Plan administrat	or's name and address Same as Plan Spons	sor.		3b Administrato	or's EIN 6-2524678
ELMHURST UNITED I		ND STREET SST, NY 11373		3c Administrato	or's telephone number 8-803-3555
	or EIN of the plan sponsor has changed since the plan number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN	
5a Total number of	participants at the beginning of the plan year			5a	7
b Total number of	participants at the end of the plan year			5b	5
	cipants with account balances as of the end of m)		-	5c	
• •	of active participants at the beginning of the pl			5d(1)	
	of active participants at the end of the plan year			5d(2)	3
•	ipants that terminated employment during the present	•	efits that were	5e	1
Under penalties of pe	for the late or incomplete filing of this return erjury and other penalties set forth in the instruction completed and signed by an enrolled actuary, a ct, and complete.	ctions, I declare that I have	e examined this return/rep	ort, including, if ap	plicable, a Schedule
SIGN Filed with	authorized/valid electronic signature.	08/03/2015	XIEOLIANG ZHANG, N	MD	
HERE Signatu	re of plan administrator	Date	Enter name of individu	ual signing as plan	administrator
SIGN					
	re of employer/plan sponsor	Date	Enter name of individu	ual signing as empl	loyer or plan sponsor
Preparer's name (inc	luding firm name, if applicable) and address (ir	oclude room or suite numb	er) (optional)	Preparer's telepho	one number (optional)

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the plan cannot	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IQ	PA) Form	5500.			X Yes	□ No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	X No	_ No	ot detei	mined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of		
a	Total plan assets	7a	10999						14925	
	Total plan liabilities	7b		0						0
C	Net plan assets (subtract line 7b from line 7a)	7c	10999)44					14925	513
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ıl	
	Contributions received or receivable from:	90(1)	4000	000						
	(1) Employers(2) Participants	8a(1)		0						
		8a(2)		0						
	(3) Others (including rollovers)	8a(3)	-74	31						
	Other income (loss)	8b	,						3925	60
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							3920	009
	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								0
i	Net income (loss) (subtract line 8h from line 8c)	8i							3925	69
j	Transfers to (from) the plan (see instructions)	8i		0						
Par	t IV Plan Characteristics		Į.							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	ns:	
	1A 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instru	uctions	3:	
Dowl	V Compliance Overtions									
Part					Vaa	Na	1			
10	During the plan year:	tions withi	n the time period described in		Yes	No		An	nount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, lefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan					X				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f						
<u>9</u>				10g		Х				
	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[X Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				0
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	,] [Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI 3E	OHOIT C	JUZ UI	LINIOM		. 00	
a	If a waiver of the minimum funding standard for a prior year is being			rtions	and e	nter th	ne date (of the	lattar ri	ılina

......Month

Day

Year

granting the waiver.

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

Actuarial Information

Single-Employer Defined Benefit Plan

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SE

			F File as	an attachment to Form	5500 OF 5500-SF.			
For	calendar	r plan year 2014 or fiscal plan	year beginning	01/01/2014	and end	ling 12/3	31/2014	
		off amounts to nearest dollar						
		: A penalty of \$1,000 will be as	ssessed for late filing	of this report unless reason		ned.	1	
	lame of p	olan UNITED MEDICAL P.C. DEF	INED BENEFIT PLAN	N	B Three-d	0		001
LLI	II IOIXO1	ONTED WEDIOALT .O. DET	INCO DENETITI LA		plan nur	nber (PN)	•	
CF	lan spon	nsor's name as shown on line	2a of Form 5500 or 5	500-SF	D Employer	· Identifica	tion Number (E	:IN)
ELN	HURST	UNITED MEDICAL PC				26-252		
Ет	ype of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	ın size: X 100 or fewer	101-5	More th	an 500
Pa	rt I	Basic Information						
1	Enter th	ne valuation date:	Month	Day 31 Year 2	2014		-	
2	Assets:	:						
	a Marke	et value				2a		1092513
	b Actua	arial value				2b		1092513
3	Funding	g target/participant count brea	kdown		(1) Number of participants	,	sted Funding arget	(3) Total Funding Target
	a For re	etired participants and benefic	ciaries receiving paym	nent	0		0	0
	b For to	erminated vested participants.			3		15583	15583
	C For a	active participants			2		517404	561065
	d Total	l			5		532987	576648
4		lan is in at-risk status, check th			П			
		ling target disregarding prescri			—	4a		
	b Fund	ling target reflecting at-risk ass -risk status for fewer than five	sumptions, but disreg	arding transition rule for p	lans that have been in	4h		
5		ve interest rate						6.68%
6	Target	normal cost				6		181684
Stat	ement b	y Enrolled Actuary						
		of my knowledge, the information supplice with applicable law and regulations. In n						
		, offer my best estimate of anticipated ex		nphomio rodochabio (taliling into a	occurre and experience or the pla	ir aira roacciii	abio expositatione) a	ina dadir darar addampirano, in
S	IGN							
Η	ERE						07/30/20)15
		Sign	ature of actuary				Date	
GEF	RHARD J	J. GEBAUER					14-020	59
		Type or p	orint name of actuary			Most r	ecent enrollme	nt number
ALT	IGRO PE	ENSION SERVICES, INC.					973-439)-0200
			Firm name		Т	elephone	number (includ	ding area code)
		VAY 46 WEST NJ 07004-2904						
	,							
		Add	dress of the firm					
If the	actuan/	has not fully reflected any requ	ulation or ruling promi	ulasted under the statute	in completing this school	ule check	the hov and so	
ii iiie	actualy l	nas not runy renected any regi	ulation of fulling profit	uigateu uiiuei tiie statute	in completing this sched	uie, crieck	uie box alid Si	<u> </u>

Schedule SB (Form 5500) 2014

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding	Balances						
							(a)	Carryover balance		(b) F	Prefund	ing balance
7		-	•		cable adjustments (line 1	•			0			0
8				•	unding requirement (line							
9									0			0
					o/				0			0
10					urn of%				0			0
11	,				d to prefunding balance: 38a from prior year)				_			449204
	b(1) In	terest or	the excess, if any	y, of line 38	Ba over line 38b from pric	or year						110201
			•		/e interest rate of6							29243
	` '		•	•	nedule SB, using prior ye							
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding ba	alance						478447
	d Portion	on of (c)	to be added to pre	funding ba	alance							0
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balance	at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line	12)			0			0
P	art III	Fun	ding Percenta	ages								
14	Funding	target a	ttainment percent	age							14	189.45 %
15	Adjuste	d fundino	g target attainmen	t percentaç	је						15	189.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17					s less than 70 percent of						17	%
Pi	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contribu	utions ma	ade to the plan for	the plan y	ear by employer(s) and e	employees:						
(N)	(a) Date 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(0		int paid by oyees
,	5/26/2015		employer	400000	стрюусса	(IVIIVI-D	D-1111)	cilipioyer(3)		СПР	oyccs .
- 00	720/2010			400000								
						Totals	► 18(b)		400000	18(c)		0
19	Discoun	ited emp	loyer contributions	s – see ins	tructions for small plan w	rith a valuation	n date after t	he beginning of the	year:			
	a Contr	ibutions	allocated toward u	unpaid min	imum required contribution	ons from prio	years		19a			
	b Contr	ibutions	made to avoid res	trictions ac	djusted to valuation date.				19b			
	C Contr	ibutions a	allocated toward mi	nimum req	uired contribution for curre	nt year adjuste	ed to valuation	n date	19c			389787
20	Quarter	ly contrib	outions and liquidit	y shortfalls	3:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for t	the prior year?						[Yes X No
	b If line	20a is "	Yes," were require	ed quarterly	y installments for the curr	rent year mad	e in a timely	manner?				Yes No
	C If line	20a is "	Yes," see instructi	ons and co	emplete the following tabl	le as applicab	le:					
					Liquidity shortfall as o	of end of quar		•				
		(1) 15	St		(2) 2nd		(3)	3rd			(4) 4tl	n

Pa	rt V	Assumptio	ns Used to Determine I	Funding Target and Targe	et Normal Cost					
21	Discou	int rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ll yield	curve	e used
	b App	licable month (enter code)			21b				0
22	Weight	ted average re	tirement age			22				62
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		_		uarial assumptions for the current					Yes	X No
25	Has a	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27		-	_	er applicable code and see instruc		27		<u> </u>		
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	/ears		28				0
29				unpaid minimum required contrib		29				
30	Remai	ning amount of	f unpaid minimum required con	tributions (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 instructi	ons):						
	a Targe	et normal cost	(line 6)			31a				181684
	b Exce	ess assets, if a	pplicable, but not greater than l	ine 31a		31b				181684
32	Amorti	zation installme	ents:		Outstanding Bala	nce	Ir	stallm	ent	
	a Net s	shortfall amorti	zation installment			0				0
	b Wai	ver amortizatio	n installment			0				0
33				ter the date of the ruling letter gran) and the waived amount		33				
34	Total fo	unding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding balar	nce	То	tal bala	ance	
35			use to offset funding							0
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0
37				ontribution for current year adjuste		37				389787
38	Preser	nt value of exce	ess contributions for current year	ar (see instructions)						
	a Total	(excess, if any	y, of line 37 over line 36)			38a				389787
	b Porti	on included in	line 38a attributable to use of p	prefunding and funding standard o	arryover balances	38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0
40	Unpaid	d minimum requ	uired contributions for all years			40				0
Pai	t IX	Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)					
41	If an ele	ection was made	de to use PRA 2010 funding re	lief for this plan:						
	a Sche	edule elected .					2 plus 7 yea	rs	15	years
	b Eligil	ble plan year(s) for which the election in line 4	11a was made		200	8 2009	2010	П	2011
42	Amoun	t of acceleration	on adjustment			42				
43	Excess	installment ac	celeration amount to be carried	d over to future plan years		43				

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Female Annuitant:

Options:

Male Nonannuitant: 2014 Nonannuitant Male

Female Nonannuitant: 2014 Nonannuitant Female

No **Use discount rate transition:**

Yes

Yes

Male Annuitant: 2014 Annuitant Male Lump sums use proposed regulations:

Use optional combined mortality table for small plans:

2014 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 0.00% Lookback months: 1

Use pre-retirement mortality: No

Nonannuitant: None

1st

1.25

0.00

Annuitant:

2014 Applicable

<u>3rd</u>

5.60

<u>1st</u> 2nd <u>3rd</u> 5.20 **Segment rates:** 1.20 4.10 **High Quality Bond rates:** N/A N/A N/A 4.99 6.99 Final rates: 6.32

0.00

Current: Override:

0.00

0.00

0.00

<u>2nd</u>

4.57

0.00

Salary Scale

Override:

3.00%

Late Retirement Rates

Male: Female: 3.00%

None Male: Female: None

Withdrawal

Male: None Female: None

Marriage Probability Setback Male: 0 0.00%

0.00%

0.00%

Withdrawal-Select

Female: **Expense loading:**

Disability Rates

Male: None Female: None

Male: None None

Early Retirement Rates

Female: Male: None

Mortality Setback

Female: None

0 Male: None 0 None Female:

Subsidized Early Retirement Rates

Male: None Female: None

Name of Plan: Elmhurst United Medical, P.C. Define

Plan Sponsor's EIN: 26-2524678

Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes: Union Members
Two year eligibility: No Commission only

Non-resident alien Hourly employee

Earnings

Total compensation excluding : 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal Early Subsidized Early Disability Death

 Age:
 62

 Service:
 0

 Participation:
 5

Defined:1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:100.00%Death Benefit Payment method:PVAB

Death Benefit Payment method: PVAB

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Elmhurst United Medical, P.C. Defined Benefit Plan

Plan Sponsor's EIN: 26-2524678

Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2003

Unit type: Percent
Unit based on: Service
Maximum total percent: 100.00%
Tiers based on: None
First tier: 10.00%

First tier:10.00%for 1stNoneSecond tier:Nonefor nextNoneThird tier:Nonefor remaining yrs

Maximum credit:

Past years: 13 Future years: 7 Total years: 10

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 3 Include compensations based

Excluding: 0 **on years of:** Service

Accrual

Frozen: No

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:Continuing
1000Died
0Disabled
0Retired
1000Terminated
1000Precision:
Limit current credit

to: N/A

Years based on:ServiceCap/floor years:0Maximum past accrual years:5.0000Cap or floor:FloorMethod:Unit accrualAccrual % per year:0.00%Apply 415 before accrual:No

Name of Plan: Elmhurst United Medical, P.C. Defined Benefit Plan

Plan Sponsor's EIN: 26-2524678

Plan Number: 001

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014		ng L	12/3	1/2014
Round off amounts to nearest dollar.				
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	sonable cause is establish	ed.		
A Name of plan	B Three-dig	•	•	001
Elmhurst United Medical P.C. Defined Benefit Plan	-			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identificati	on Number (E	IN)
,		140111110411	011 (Tailibo: \L	,
Elmhurst United Medical PC	26-2524	1678		
E Type of plan: ☑ Single ☐ Multiple-A ☐ Multiple-B F Prior year p	olan size: 😡 100 or fewer	101-50	00 🔲 More th	an 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31 Year	2014	701		
2 Assets:				
a Market value		2a		1,092,51
b Actuarial value		2b		1,092,51
3 Funding target/participant count breakdown	(1) Number of participants		ed Funding irget	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0		0	
b For terminated vested participants	3		15,583	15,58
C For active participants	2		517,404	561,06
d Total	5		532,987	576,64
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for at-risk status for fewer than five consecutive years and disregarding loading fa	plans that have been in	4b		
5 Effective interest rate		5		6.68 %
6 Target normal cost		6		181,68
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.	and attachments, if any, is comple account the experience of the plan	ete and accura and reasonat	ate. Each prescribe ble expectations) a	ed assumption was applied in nd such other assumptions, in
SIGN HERE 5 16			07/30/20	15 7/301
Signature of actuary			Date	
Gerhard J. Gebauer			14-0205	9
Type or print name of actuary		Most re	cent enrollme	nt number
ltigro Pension Services, Inc.		(9	73) 439-	0200
Firm name	Te	elephone n	umber (includ	ling area code)
US Highway 46 West				
ob Highway 10 webe				
airfield NJ 07004-2904	4			

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

Schedule	SB	/Form	5500)	2014

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Pa	art II	Begin	ining of Year	Carryov	er and Prefunding B	alances						
7	Dolono	a at basis	aning of pulse was	 			(a) (Carryover balance		(b)	refund	ing balance
7					cable adjustments (line 13				ō			0
8					unding requirement (line 35				0			0
9									0			0
10					urn of %				0	-		0
11	Prior ye	ear's exce	ess contributions	to be added	to prefunding balance:							0
	a Pres	ent value	of excess contrib	utions (line	38a from prior year)							449204
	b(1) Ir	nterest or chedule	n the excess, if an SB, using prior ye	y, of line 38 ar's effectiv	a over line 38b from prior ye interest rate of <u>6 , 5 1</u> % .	/ear						
	b(2) Ir	nterest or	line 38b from pri	or year Sch	edule SB, using prior year	s actual						29243
					ar to add to prefunding bala	_						478447
	d Porti	on of (c)	to be added to pro	efunding ba	lance							0
12	Other re	eductions	in balances due	to elections	or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	2)			0			0
Pa	art III	Fun	ding Percent	ages								
14	Funding	g target a	ttainment percen	tage					,,,,,,,,,,,,,,		14	189.45 %
			target attainmen								15	189.45 %
16	Prior ye current	ear's fund year's fu	ing percentage fonding requirement	r purposes t	of determining whether ca	rryover/prefur	nding balar	nces may be used to	o reduce		16	173.20 %
17	If the cu	urrent val	ue of the assets o	of the plan is	less than 70 percent of th	e funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions an	d Liguidi	ty Shortfalls					-		
18	Contrib	utions ma	de to the plan for	the plan ye	ear by employer(s) and em	ployees:						-
(M	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D: (MM-DD-		(b) Amount pai employer(s)		(c		int paid by oyees
05	/26/2	2015	4	00,000								
						Totals ▶	18(b)		0,000	18(c)		0
19					ructions for small plan with							
					mum required contributions				19a			
					justed to valuation date			H	19b			
20					ired contribution for current	year adjusted	to valuation	date	19c			389,787
2 U			utions and liquidit	•					L_			1, ,
					ne prior year?						-	Yes X No
				-	installments for the currer	•	•	manner?	······			Yes No
	C If line	20a is "\	res," see instructi	ons and co	mplete the following table a			n vear				
à)		(1) 1s	t		Liquidity shortfall as of e (2) 2nd	na or quarter		n year 3rd			(4) 4tr	1

Pa	ırt V	Assumption	ns Us	ed to	Dete	rmine	Funding Ta	arget and	Target	Normal Cost		
21	Discou	unt rate:										
		gment rates:	•	4.9	egment	6	6.	d segment: 32 %		0.33	: 6	N/A, full yield curve used
	b App	licable month (enter co	ode)							21b	0
											22	62
_23	Mortal	ity table(s) (see	instru	ctions)		X Pr	rescribed - com	bined	Preso	cribed - separate	Substitu	ute
Pa	rt VI	Miscellane	ous It	ems								
24										lan year? If "Yes," see		
25	Has a	method change	been	made i	for the o	current p	olan year? If "Y	es," see ins	tructions i	regarding required atta	chment	Yes X No
26	Is the	plan required to	provid	e a Sc	hedule	of Active	e Participants?	If "Yes," se	e instructi	ons regarding required	d attachmer	ntYes X No
27		olan is subject to ment			-						27	
Pa	rt VII	Reconcilia	ition (of Un	paid	Minim	um Require	d Contri	butions	For Prior Years		
28	Unpaid	d minimum requ	ired co	ntribut	ions for	all prior	years				28	0
29										tions from prior years	29	
30	Remai	ining amount of	unpaid	l minim	iùm req	uired co	ntributions (line	28 minus li	ine 29)		30	0
Pa	rt VIII	Minimum	Requi	ired (Contri	bution	n For Currer	nt Year				
31	Target	t normal cost ar	nd exce	ss ass	ets (se	e instruc	tions):					
	a Targ	et normal cost (line 6).								31a	181,684
				e, but r	not grea	iter than	line 31a				31b	181,684
32	Amorti	ization installme	nts:							Outstanding Bal	ance	Installment
		shortfall amortiz									0	0
		ver amortizatior								,	0	0
33										ing the approval	33	
34	Total f	unding requiren	ent be	fore re	flecting	carryov	er/prefunding b	alances (lin	es 31a - 3	31b + 32a + 32b - 33)	34	0
							Carryo	ver balance	•	Prefunding bala	nce	Total balance
35		ces elected for u			_							0
36	Additio	nal cash requir	ement	(line 34	1 minus	line 35)					36	0
	Contrib	butions allocate	d towar	rd mini	mum re	quired o	ontribution for o	current year	adjusted	to valuation date	37	389,787
38		nt value of exce										
	a Tota	l (excess, if any	, of line	37 ov	er line	36)					38a	389,787
	b Porti	ion included in l	ine 38a	attrib	utable t	o use of	prefunding and	I funding sta	andard car	ryover balances	38b	0
39	Unpaid	d minimum requ	ired co	ntribut	ion for d	current y	ear (excess, if a	any, of line	36 over lir	ne 37)	39	0
40	Unpaid						A CONTRACTOR OF THE STATE OF TH	3011306306111170003111	HODE-CHEEK CONSTRUCT		40	0
Pa	rt IX	Pension F	undi	ng Re	elief U	Inder	Pension Re	lief Act o	f 2010 (See Instructions)	
41	lf an el	ection was mad	e to us	e PRA	2010 f	unding r	elief for this plai	n:				
	a Sche	edule elected			,,,,,,,,,,,							2 plus 7 years 15 years
	b Eligil	ble plan year(s)	for wh	ich the	electio	n in line	41a was made		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		200	08 2009 2010 2011
42	Amoun	t of acceleration	n adjust	tment .							42	
43	Excess	installment acc	eleration	on amo	ount to	oe carrie	ed over to future	plan years			43	

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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

For calendar plan year 2014 or	t Identification Informatio		n	
For calefidat platt year 2014 of	The state of the s	01/01/2014 and end		***************************************
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multie of participating employer information		
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	the final return/report		
2	an amended return/report	a short plan year return/report (less	than 12 months)	
C Check box if filing under:	Form 5558	automatic extension	☐ DFVC p	rogram
	special extension (enter des	cription)		
Part II Basic Plan Inf	ormation—enter all requested I	oformation		***************************************
1a Name of plan	official an requested in	ilomatori	1b Three-digit	
*			plan numbe	
Elmhurst United Med			(PN)	001
Defined Benefit Pla	an		1C Effective da	ite of plan
0.5	N N N N N N N N N N N N N N N N N N N		01/01/2	011
Elmhurst United Med		per (employer, if for a single-employer plan		dentification Number
	21004 10			2524678 elephone number
			No. 2007-200 GA	03-3555
4502 82nd Street			100 Annual Property Control of the C	ode (see Instructions)
Elmhurst		NY 11373	621340	sas (ees men eeneme)
3a Plan administrator's name a	and address Same as Plan Spor		3b Administrat	or's EIN
Elmhurst United Medical PC	_		26-2524	
				or's telephone number
4502 82nd Street			(718) 8	03-3555
Elmhurst		NY 11373		
4 If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for this plan, en	ter the 4b EIN	
name, EIN, and the plan nu	umber from the last return/report.			
a Sponsor's name	William Transaction	70 Marie 2000	4c PN	
		3333		7
b Total number of participants	s at the end of the plan year		5b	5
C Number of participants with complete this item)	account balances as of the end o	f the plan year (defined benefit plans do no	t 5c	
d(1) Total number of active pa	articipants at the beginning of the p	olan year	5d(1)	4
d(2) Total number of active page	articipants at the end of the plan ye	oar	5d(2)	3
e Number of participants that t less than 100% vested	erminated employment during the	plan year with accrued benefits that were	5e	i i
		n/report will be assessed unless reason	able cause is established	
Under penalties of perjury and o	ther penalties set forth in the instru	ctions. I declare that I have examined this	return/report_including_if at	onlicable a Schedule
SB or Schedule MB completed a belief, it is true, correct and com	and signed by an enrolled actuary,	as well as the electronic version of this reti	urn/report, and to the best o	f my knowledge and
part of the second state of the second partition is the second se	noiete.			
SIGN HERE Signature of Clab	Z-quest -	70 7	ng Zhang, MD	
Signature of filah	administrator		of Individual signing as plan	administrator
SIGN	*	July		
HERE Signature of emplo	oyer/plan sponsor	Date Enter name	of Individual signing as emp	loyer or plan sponsor
Preparer's name (including firm	name, if applicable) and address (i	nclude room or suite number) (optional)		one number (optional)
	ene alla energia			l
	200 200			philosophy property and a second

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	nt (IQ d use	PA) Form	5500.		X Ye	es No	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA section 4	021)?	00 - 00000	Yes	X No [Not dete	ermined	
Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End			of Year		
a	Total plan assets	7a	1,099	9,94	4 1,49			92,513		
b	Total plan liabilities	7b			0				0	
	Net plan assets (subtract line 7b from line 7a)	7c	1,099	9,94	4			1,4	92,513	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from: (1) Employers	8a(1)	400	400,000						
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	-5	-7,431			1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			\perp			3	392,569	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				0	
	Net income (loss) (subtract line 8h from line 8c)	8i			_			3	392,569	
Pari	Transfers to (from) the plan (see instructions)	8j			0					
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D 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		Amount		
a 	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?		mintontummuntontummunt	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
. е	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		Х				
f	s 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 a	the plan have any participant loans? (If "Yes," enter amount as of year end.)			7	Х			~	
h	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)			10h		Х				
T	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						
Part										
11										
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	0	- mil	- Amta-	
12	Is this a defined contribution plan subject to the minimum funding						_	Yes	No No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						5.81			
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th Day	ne date of	the letter i	uling	
	A TOTAL OF STREET								7.0	

	Form 5500-SF 2014 Pag	3 -				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		12b			
				-		
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount).	•	12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadl			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?				res X No		
	If "Yes," 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 th of the PBGC?				Yes No		
	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan(s)	to			
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN(s)		
Part '	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			
			l			

6 594X 581

8 28 88 88 88

Attachment to 2014 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name	EIN:	
Plan Sponsor's Name	PN:	

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Interest Adjusted Contribution:
05/26/2015	400,000		6.68	389,787
00/20/2010	100,000	2011	0.00	303,7707

Attachment to 2014 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Elmhurst United Medical P.C. Defined Benefit Plan	EIN:	26-2524678						
Plan Sponsor's Name Elmhurst United Medical PC	PN:	001						
The weighted average retirement age is equal to the normal retirement age of62								
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.								
It is assumed that 100% of participants will retire at the Plan's Retirement Age.	Norma	al						