#### 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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 05/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ROCKLAND PULMONARY AND MEDICAL ASSOCIATES, PC DEFINED BENEFIT PENSION PLAN AND TRUST plan number 005 (PN) ▶ Effective date of plan 06/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number ROCKLAND PULMONARY AND MEDICAL ASSOCIATES, PC (EIN) 13-2995699 Sponsor's telephone number 845-353-5600 2 CROSFIELD AVENUE, SUITE 318 WEST NYACK, NY 10994 Business code (see instructions) 621111 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>				
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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot with the contraction of the plan cannot will be seen that the plan cannot will be seen the contraction of the plan cannot will be seen that the plan cannot will be seen the plan cannot will be seen the plan cannot will be seen that the pla	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	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	121)? .		Yes	No Not determined
Par							
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year 2003495
	Total plan assets	7a	15000	0			0
	Fotal plan liabilities	7b	15060				2003495
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c					
	Contributions received or receivable from:		(a) Amount				(b) Total
	1) Employers	8a(1)	4922	287			
(	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
b (	Other income (loss)	8b	171	34			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					509421
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g	120	007			
<del>-</del>	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					12007
	Net income (loss) (subtract line 8h from line 8c)	8i					497414
	Fransfers to (from) the plan (see instructions)	8j					
Part		O)					
b Part	1A 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	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		Χ	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page <b>3</b> - 1			
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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

# **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).

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 anachment to Form	5500 OF 5500-SF.			
For	calendar	r plan year 2014 or fiscal plan	year beginning	06/01/2014	and e	nding 05/	31/2015	
•	Round o	ff amounts to nearest dolla	r.					
•	Caution:	A penalty of \$1,000 will be a	ssessed for late filing	of this report unless reason	onable cause is establi	shed.	1	
RO	Name of p CKLAND AN AND T	<b>PULMONARY AND MEDICA</b>	L ASSOCIATES, PC	DEFINED BENEFIT PEN	SION B Three-plan n	digit umber (PN)	•	005
		sor's name as shown on line			<b>D</b> Employ	er Identifica	tion Number (E	IN)
110	ONLYND	TOEMOTORICE FIND MEDION	127100001171120,110			10 200	0000	
Εī	ype of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	ın size: X 100 or fewe	r	More th	an 500
Pa	art I	Basic Information						
1	Enter th	ne valuation date:	Month	Day31 Year _2	2015			
2	Assets:			·				
	<b>a</b> Marke	et value				2a		1507846
	<b>b</b> Actua	arial value				2b		1507846
3	Funding	g target/participant count brea	ıkdown		(1) Number of participants		sted Funding arget	(3) Total Funding Target
	<b>a</b> For re	etired participants and benefic	ciaries receiving paym	nent		0	0	0
	<b>b</b> For te	erminated vested participants				0	0	0
		ctive participants				4	1247982	1247982
						4	1247982	1247982
4		lan is in at-risk status, check t			П			
•		ing target disregarding prescr				4a		
	_	ling target disregarding prescr ling target reflecting at-risk as	•					
	at-	risk status for fewer than five	consecutive years ar	nd disregarding loading fa	ctor			
5	Effectiv	re interest rate						6.65%
6	Target	normal cost				6		415998
	To the best of accordance	y Enrolled Actuary of my knowledge, the information suppli with applicable law and regulations. In I offer my best estimate of anticipated e	my opinion, each other assur					
	IGN ERE						08/05/20	15
		Sigr	nature of actuary				Date	
M. I	FRANK, F	FSA, EA					14-024	10
		Type or p	orint name of actuary			Most	ecent enrollme	nt number
MIC	HAEL FF	RANK CONSULTING ACTUA	RY				212-567	-1464
			Firm name			Telephone	number (includ	ling area code)
		STREET, APT 5-B , NY 10040						
		Ad	dress of the firm					
If the	actuary I	has not fully reflected any reg	ulation or ruling prom	ulgated under the statute	in completing this sch	edule, checl	the box and s	ee

2 - 1	
	2 - 1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding I	Balances							
							(а	) Carryover balance	)	(b) l	Prefundi	ing balan	ice
7		•	0 ,		cable adjustments (line 13				0				0
8			•	•	funding requirement (line 3				0				0
9	Amount	remainii	ng (line 7 minus lir	ne 8)					0				0
10	Interest	on line 9	ousing prior year's	s actual ret	urn of <u>0.00</u> %				0				0
11	Prior ye	ar's exce	ess contributions to	o be added	d to prefunding balance:								
	<b>a</b> Prese	nt value	of excess contribu	utions (line	38a from prior year)							;	300774
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.47 %										0		
	<b>b(2)</b> In	terest or	line 38b from prid	or year Sch	nedule SB, using prior yea	r's actual							
					ear to add to prefunding bal							;	300774
	<b>d</b> Portio	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
	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)										0		
	Part III Funding Percentages												
	14 Funding target attainment percentage										182 %		
	15 Adjusted funding target attainment percentage									15		0.82 %	
17		•			s less than 70 percent of t						17		%
Pá	art IV	Con	tributions and	d Liquid	ity Shortfalls					l.			
18	Contribu			•	rear by employer(s) and er	mployees:							
(M	(a) Date M-DD-Y		<b>(b)</b> Amount pa employer(		(c) Amount paid by employees		Date (b) Amount paid by employer(s)				(c) Amount paid by employees		
08	/12/2014			20000									
03	/27/2015			200000									
08	/03/2015			272287									
											1		
						Totals ▶	18(b	•	492287	18(c)			
19			-		tructions for small plan wit								
					imum required contribution				19a				0
										0			
					uired contribution for curren	t year adjusted	to valuati	ion date	19c				492594
20		•	outions and liquidit	•					L		Г	7	V NI-
	a Did the plan have a "funding shortfall" for the prior year?												
			·		•	•		ıy manner?				Yes	No
	C If line	20a is "	res," see instructi	ons and co	omplete the following table Liquidity shortfall as of			lan vear					
		(1) 19	st		(2) 2nd	ond or quarte	(3)				(4) 4tl	n	

rt V Assu	mptions Used to Determine	Funding Target and Targe	t Normal Cost							
Discount rate:										
a Segment ra	ates: 1st segment: 4.99%	2nd segment: 6.32 %	_		N/A, full yie	ld curve	e used			
<b>b</b> Applicable	month (enter code)			21b			4			
Weighted ave	rage retirement age			22			62			
Mortality table	(s) (see instructions) X P	rescribed - combined Pre	scribed - separate	Substitut	te					
rt VI Misce	ellaneous Items			<del></del>						
		ctuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding requir	ed				
_						Yes	X No			
Has a method	change been made for the current p	plan year? If "Yes," see instructions	regarding required attac	chment		Yes	X No			
Is the plan red	uired to provide a Schedule of Activ	e Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No			
If the plan is s	ubject to alternative funding rules, e	nter applicable code and see instruc	tions regarding	27	<b>_</b>					
attachment				. 21						
rt VII Rec	onciliation of Unpaid Minim	um Required Contribution	s For Prior Years							
Unpaid minim	um required contributions for all prio	r years		28			0			
Discounted er (line 19a)	nployer contributions allocated towa	rd unpaid minimum required contrib	utions from prior years	29			0			
			30			0				
Part VIII Minimum Required Contribution For Current Year										
	•									
_					415998 259864					
				1	Instal	lment				
			- J	-			0			
-							0			
				33			<u> </u>			
Total funding				34			156134			
Total randing	equirement pereits removing earry e	1			Total h	alance	130134			
Dolonoso alas	to d for use to effect funding	Carry over Bararies	1 Torumaning bara		101415	alarioo				
	· ·	0		0			0			
Additional cas	h requirement (line 34 minus line 35	requirement								
	·		36			156134				
Contributions (line 19c)	allocated toward minimum required	contribution for current year adjuste	d to valuation date	36 37			492594			
(line 19c)		contribution for current year adjuste	d to valuation date							
(line 19c) Present value	of excess contributions for current y	contribution for current year adjuste	d to valuation date							
Present value  a Total (excess	of excess contributions for current y	contribution for current year adjuste	d to valuation date	37			492594			
Present value  a Total (excess  b Portion include)	of excess contributions for current y s, if any, of line 37 over line 36)	ear (see instructions)  f prefunding and funding standard c	d to valuation date	37 38a			492594 336460			
Present value  a Total (excess b Portion including the minimum)	of excess contributions for current y s, if any, of line 37 over line 36)uded in line 38a attributable to use our required contribution for current	ear (see instructions)  f prefunding and funding standard cyear (excess, if any, of line 36 over	arryover balances	37 38a 38b			492594 336460 0			
Present value  a Total (exces  b Portion inclu  Unpaid minim  Unpaid minim	of excess contributions for current y is, if any, of line 37 over line 36)uded in line 38a attributable to use our required contribution for current yum required contributions for all year	ear (see instructions)  f prefunding and funding standard cover (excess, if any, of line 36 over	arryover balances	37 38a 38b 39 40			492594 336460 0			
Present value  a Total (exces  b Portion inclu  Unpaid minim  Unpaid minim  T IX  Pen	of excess contributions for current y s, if any, of line 37 over line 36)uded in line 38a attributable to use our required contribution for current	ear (see instructions)  f prefunding and funding standard copyear (excess, if any, of line 36 over res.  Pension Relief Act of 2010	arryover balances	37 38a 38b 39 40			492594 336460 0			
Present value  a Total (exces  b Portion inclu  Unpaid minim  Unpaid minim  Tt IX Pen  If an election v	of excess contributions for current y s, if any, of line 37 over line 36)	ear (see instructions)  f prefunding and funding standard copyear (excess, if any, of line 36 over res.  Pension Relief Act of 2010 relief for this plan:	arryover balances  (See Instructions	37 38a 38b 39 40	2 plus 7 years	15.	492594 336460 0			
Present value  a Total (exces  b Portion inclu  Unpaid minim  Unpaid minim  It IX Pen  If an election value	of excess contributions for current yes, if any, of line 37 over line 36) uded in line 38a attributable to use of um required contribution for current um required contributions for all years in Funding Relief Underwas made to use PRA 2010 funding ected	ear (see instructions)  f prefunding and funding standard covear (excess, if any, of line 36 over res.  Pension Relief Act of 2010  relief for this plan:	arryover balances  (See Instructions	38a 38b 39 40			492594  336460 0 0 0 vyears			
Present value  a Total (exces  b Portion inclu  Unpaid minim  Unpaid minim  If an election was Schedule election be Eligible plar	of excess contributions for current yes, if any, of line 37 over line 36)uded in line 38a attributable to use of um required contribution for current yeum required contributions for all year sion Funding Relief Under was made to use PRA 2010 funding	ear (see instructions)  f prefunding and funding standard cover (excess, if any, of line 36 over rs	arryover balances  (See Instructions	38a 38b 39 40			492594 336460 0 0			
	Discount rate:  a Segment ra  b Applicable r Weighted avered Mortality table  t VI Misce Has a change attachment Has a method Is the plan require fit the plan is separate attachment  rt VII Recounted en (line 19a)  Remaining amount VIII Minitary Target normatary T	Discount rate:  a Segment rates:  1st segment: 4.99 %  b Applicable month (enter code)	Discount rate:  a Segment rates:  1st segment: 4.99%  b Applicable month (enter code)	Discount rate:  a Segment rates:  1st segment: 4.99% 5.32% 5.99% b Applicable month (enter code)	Discount rate:  a Segment rates:  1st segment: 4.99 % 6.32 % 6.99 %  b Applicable month (enter code)	Discount rate:  a Segment rates:  1st segment: 4.99% 6.32% 6.39%    MA, full yie   b Applicable month (enter code)	Discount rate:  a Segment rates:  1st segment: 4.99% 6.32% 2nd segment: 5.99% 1NA, full yield curve 6.99% 1NA, full yield curve 1DA, full yield yield 1DA, full yield 1DA, full yield 1DA, full yield 1DA, full yield 1DA, f			

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

Plan Name: Rockland Pulmonary and Medical Associates, PC Defined Benefit Pension Plan

and Trust

EIN / PN: 13-2995699 / 005

Year: 2014

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

• Participants are assumed to elect, 100% of the time, the lump sum optional form of benefit.

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

Schedule SB – Statement by Enrolled Actuary

Plan Name:

Rockland Pulmonary and Medical Associates, PC Defined Benefit Pension Plan

and Trust

EIN / PN:

13-2995699 / 005

Year:

2014

the Third Party Administrator.

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

Michael Frank Enrolled Actuary

Enrollment #14-02440

#### 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

Part I		t Identification Informatio		and d'	NE 124 1204 F				
For calend	ar plan year 2014 or		01/2014		05/31/2015				
	turn/report is for: urn/report is	a single-employer plan  a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	an (not multiemployer) of yer information in accordance of the second second second of the second second second second second of the second se	dance with the form in	ox must attach a list structions)			
C Check	box if filing under:	Form 5558 special extension (enter des	automatic extension cription)		DFVC program				
Part II	Basic Plan In	formation—enter all requested i	nformation						
1a Name	of plan	al Associates, PC Defined Benefit			1b Three-digit plan number (PN) 1c Effective date	005 of plan			
	sponsor's name and ulmonary and Medic	address; include room or suite num	ber (employer, if for a single-	employer plan)	06/01/2011 <b>2b</b> Employer Iden (EIN) 13-2995				
					2c Sponsor's tele (845)	phone number 353-5600			
West Nyack	Avenue, Suite 318 k. NY 10994				2d Business code 621111				
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administrator's	EIN			
name		the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN				
		nts at the beginning of the plan year	,			4			
		nts at the end of the plan year				4			
c Numb	ber of participants wi	th account balances as of the end	of the plan year (defined bene	efit plans do not	5c				
d(1) To	tal number of active	participants at the beginning of the	plan year		5d(1)	4			
d(2) To	tal number of active	participants at the end of the plan y	/ear		5d(2)	4			
		t terminated employment during the			5e	0			
Under pen SB or Sch	nalties of perjury and	te or incomplete filing of this retu other penalties set forth in the insti- l and signed by an enrolled actuary implete.	ructions, I declare that I have	examined this return/re	port, including, if appl	icable, a Schedule by knowledge and			
SIGN	Joal	Smm	1/5/16	Leon S. Harris					
HERE	Signature of plan		Date	Enter name of individ	lual signing as plan ac	dministrator			
SIGN HERE	Simple of a		Date	Fatar agent of ladicion					
Preparer's		ployer/plan sponsor n name, if applicable) and address	/include room or suite number		dual signing as employ Preparer's telephon				
, reparet s	(modding iii	and addition	(	. , (apriorial)	Topara a talaphan				

i Net income (loss) (subtract line 8h from line 8c)	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 a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	nt qualified public accounta s.)	nt (IQ	PA) Form	5500.			X Y		] N
7 Plan Assets and Liabilities 7 Ta 1500081 20034 a Total plan assets. 7 Ta 1500081 20034 b Total plan issets. 7 Ta 1500081 20034 c Net plan assets (subtract line 7 b from line 7 a) 7 c									_			
a Total plan assets	_			(a) Beginning of Yea	r			(b) E	nd of	Year		
b Total plan liabilities			7a		Tales Cont			The state of			195	
C Net plan assets (subtract line 7b from line 7a)					0						0	
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Bad (1) (5) Participants. (5) Participants. (6) Differ income (bas). (6) Other income (bas). (6) Other income (bas). (7) Call income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Other income (bas). (8) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (10) Ot				150608	1	16				20034	95	
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (5) Others (including rollovers). (6) Other income (loss). (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Other semiliary of the control of t			Stin St.	(a) Amount				(b	) Tot	al		1
(2) Participants. (3) Others (including rollovers).  8a(3)  5 Other (including rollovers).  8b D Other income (dod lines 8a(1), 8a(2), 8a(3), and 8b).  8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c D Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c D Total spending of the common (lose) (subtract line spending of the common (lose) (subtract line 8h from line 8c).  8d D Other expenses.  8d D Total expenses.  8d D Total expenses.  8d D Total expenses (lose) (subtract line 8h from line 8c).  9d D If the plan provides welfare benefits, enter the applicable												
Sample   S	ACT	(1) Employers	8a(1)	492287	7							
b Other income (loss)		(2) Participants	8a(2)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	*	(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  18	b	Other income (loss)	8b	1713	4							
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5094	21	
Family   Administrative service providers (salaries, fees, commissions)   8f   9   12007		· (1985) [1] [1985]	8d									
g Cther expenses (add lines 8d, 5e, 8f, and 8g) 8g 12007  h Total expenses (add lines 8d, 5e, 8f, and 8g) 8h 1207  i Net income (loss) (subtract line 8h from line 8c) 8l 4974  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 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  1A 3D  1D During the plan year:  a 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  c Was the plan neve a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X  d Dist the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X  f Has the plan failed to provide any benefit when due under the plan? 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10c X  g Did the plan have any participant loans? (If "Y	е	Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
I Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g	1200	7							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)							120	007		
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 3D  1b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  10 During the plan year:  10 During the plan year:  11 A 3D  12 September 20 Septemb	i	Net income (loss) (subtract line 8h from line 8c)	8i							4974	114	
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 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:  a 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  c 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 dishonestly? 10d X  e 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? (See instructions) 10g X  f Has the plan failed to provide any benefit when due under the plan? (See instructions) 10g X  f Hi this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h 11 In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h	j	Transfers to (from) the plan (see instructions)	8i									
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part	V Compliance Questions								11.03		
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  c 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  e 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 X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 1  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. 10h 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) 11a 1  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . 1  You was there a failure to transmit the time periode described in the time periode of the Code or section 302 of ERISA? . 1  You was there a failure to transmit the time periode described in the time periode des						Yes	No	E de la constante de la consta	A	moun	t	
on line 10a.)	a						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?	b				10b		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?	C	Was the plan covered by a fidelity bond?			10c		X	The same				
e 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.)	d				10d		х					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service, or other organization that provides some or all	of the benefit	s under the plan? (See	10e		x					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)			X					
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	h				1							
11 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)	i	If 10h was answered "Yes," check the box if you either provided the	he required n	otice or one of the	10i							
11 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)	Part	VI Pension Funding Compliance	And The			7.78			1			
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Yes	s," see instructions and com	plete	Sched	ule SE	3 (Form		X Y	es [	7 N
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    You (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	11a					_	JAN T		1	17 14		(
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1000							ERISA?		П	es 5	x N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter granting the waiver	a	If a waiver of the minimum funding standard for a prior year is being	ng amortized	in this plan year, see instru		, and e	-				rulin	g

	Form 5500-SF 2014 Page 3 - 1				. 7	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b	L			
c	Enter the amount contributed by the employer to the plan for this plan year	12c	T			
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	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?		Yes	XN	0	
	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 the of the PBGC?				Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s):	3c(2)	EIN(	s)	13c(3	3) PN(s)
Part	VIII Trust Information (optional)	-				
14a	Name of trust	14b Trust's EIN				

# 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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

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

				year beginning	06/01/2	2014 ,		and endi	ng 05/3	31/2015			
			nearest dolla 31 000 will be a	ı <b>r.</b> ıssessed for late f	iling of this	report unless	reasonable ca	use is establish	ed.				
Α	Name of p	plan		ates, PC Defined				<b>B</b> Three-dig					
С	Plan spon	nsor's name as	shown on line	2a of Form 5500	or 5500-SF	=		<b>D</b> Employer	Identifica	tion Number	(EIN)		
Ro	ckland Pu	ulmonary and N	Medical Associa	ates, PC				13-2995699					
E	Type of pla	an: X Single	Multiple-A	Multiple-B		<b>F</b> Prior ye	ear plan size: 🗴	100 or fewer	101-5	00 🗌 More	than 500		
Р	art I	Basic Infor	mation				,						
1	<u> </u>	he valuation da		Month 05	Day _	31 Y	'ear _2015						
2	Assets:	·		· · · · · · · · · · · · · · · · · · ·				•					
	a Marke	et value				•••••			2a			1507846	
	<b>b</b> Actua	arial value					•		2b			1507846	
3	Funding target/participant count breakdown						, , ,	Number of rticipants		ted Funding arget	(3) Total F Targ		
	For retired participants and beneficiaries receiving payment							0			0 .	0	
	<b>b</b> For terminated vested participants							0			0	0	
	C For active participants4							4	1247982			1247982	
	<b>d</b> Total	<u> </u>						4		124798	2	1247982	
4	If the pl	lan is in at-risk	status, check t	the box and comp	lete lines (a	a) and (b)					La Milà L. A		
	<b>a</b> Fundi	ling target disre	egarding presc	ribed at-risk assur	mptions				4a				
				sumptions, but di consecutive year					4b				
5	Effective	e interest rate							5			6.65 %	
6	Target	normal cost							6			415998	
	To the best of accordance combination,	with applicable law	ne information suppliand regulations. In	lied in this schedule and my opinion, each other experience under the pl	assumption is	g schedules, state reasonable (taking	ements and attachm g into account the e	ents, if any, is comple experience of the plan	ete and accu and reasons	rate. Each preso	ribed assumption was) and such other as	as applied in sumptions, in	
	SIGN IERE		/	nichal	Freh					8/5/	15		
			•	nature of actuary					-	Date	1440		
M. Frank, FSA, EA									14-02				
Type or print name of actuary  Michael Frank Consulting Actuary							Most		nent number 567-1464				
		1	100 A	Firm name Arden Street, Apt 5	5-B			Te	elephone	number (inc	luding area cod	le)	
			Ne	w York. NY 10040	)								
	,		Ac	dress of the firm				_					
	actuary h	has not fully re	flected any reg	julation or ruling p	promulgated	d under the sta	atute in comple	eting this schedu	ıle, check	the box and	see		
For	Paperwor	rk Reduction	Act Notice an	d OMB Control N	lumbers, s	ee the instru	ctions for For	m 5500 or 5500	O-SF.	Sched	ule SB (Form	5500) 2014 v. 140124	

Page	2 -	1
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Pa	rt II	Begin	ning of Year	Carryove	er and Prefunding Ba	alances							
_	Balance at beginning of prior year after applicable adjustments (line 13 from prior						(a) Carryover balance			(b) Prefunding balance			
7							•		0		0		
	year)						•						
8	Portion elected for use to offset prior year's funding requirement (line 35 from								0				
	prior year)						0		0				
9	Amount remaining (line 7 minus line 8)								0 0				
10	Interest on line 9 using prior year's actual return of0.00 %0									0			
11	Prior year's excess contributions to be added to prefunding balance:												
				•	38a from prior year)					300774			
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.47%										0		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual												
	return								0				
	C Total available at beginning of current plan year to add to prefunding balance											300774	
	<b>d</b> Portion of (c) to be added to prefunding balance										0		
12	Other red	ductions	in balances due	to elections	or deemed elections				0	0			
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)					)	0				0		
Pa	art III	Fun	ding Percenta	ages									
14	Funding target attainment percentage								14	120.82 %			
15										120.82 %			
16									127.14 %				
17	-										17	%	
Pa	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
18	Contribut	tions ma	ade to the plan for	the plan ye	ear by employer(s) and emp	oloyees:							
(a) Date (b) Amou			(b) Amount pa				Date (b) Amount paid by			(0	(c) Amount paid by		
(MM-DD-YYYY)			employer(	` '	employees	(MM-DD	-YYYY)	employer(	s)		empl	oyees	
08-12-2014				20000									
03-27-2015				200000									
08-03-2015			272287										
											1		
						Totals ►	18(b)		492287	18(c)			
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:													
	a Contributions allocated toward unpaid minimum required contributions from prior years									0			
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date										0		
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date										492594		
20	Quarterly contributions and liquidity shortfalls:												
	a Did the plan have a "funding shortfall" for the prior year?									Yes X No			
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									Yes No				
C If line 20a is "Yes," see instructions and complete the following table as applicable:													
						nd of quarte	of quarter of this plan year			(1)			
(1) 1st				(2) 2nd			(3) 3rd			(4) 4th			
						1							

Pa	rt V	V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount rate:										
	a Segment rates:		1st segment: 4.99%	2nd segment: 6.32 %			N/A, full yield curve used				
	<b>b</b> App	licable month (	enter code)		21b	4					
22	Weigh	ted average re	tirement age			22	62				
23	Mortali	ty table(s) (se	e instructions) X Pre	scribed - combined Pre	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24											
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26	Is the	olan required to	provide a Schedule of Active I	Participants? If "Yes," see instruc	tions regarding required	attachment	tYes 💢 No				
27		•	o alternative funding rules, ente		27						
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 y	ears		28	0				
29				unpaid minimum required contrib	, ,	29	0				
30	Remai	ning amount of	f unpaid minimum required conf	ributions (line 28 minus line 29)		30	0				
Pa	t VIII	Minimum	<b>Required Contribution</b>	For Current Year							
31	Target	t normal cost a	nd excess assets (see instruction	ons):							
	<b>a</b> Targe	et normal cost	(line 6)		31a	415998					
	<b>b</b> Exce	ess assets, if a	pplicable, but not greater than li	ne 31a		31b	259864				
32	Amorti	zation installme	ents:	Outstanding Bala	nce Installment						
	a Net	shortfall amorti	zation installment			0	0				
	<b>b</b> Wai	ver amortizatio	n 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										
34	Total fo	unding requirer	ment before reflecting carryover	/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	156134				
				Carryover balance	Prefunding balar	nce	Total balance				
35			use to offset funding		0	0					
36	Additio	nal cash requi	rement (line 34 minus line 35)		36	156134					
37			ed toward minimum required co		37	492594					
38	38 Present value of excess contributions for current year (see instructions)										
	a Total (excess, if any, of line 37 over line 36)										
	<b>b</b> Porti	on included in	line 38a attributable to use of p	38b	0						
39	Unpaid	d minimum requ	uired contribution for current ye	39	0						
40	Unpaid	d minimum requ	uired contributions for all years	40	0						
Pai	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41	41 If an election was made to use PRA 2010 funding relief for this plan:										
	<b>a</b> Sche	edule elected .				Г	2 plus 7 years 15 years				
	<b>b</b> Eligil	ble plan year(s	) for which the election in line 4		200	8 2009 2010 2011					
42			on adjustment		42						
			celeration amount to be carried	43							

Plan Name: Rockland Pulmonary and Medical Associates, PC Defined Benefit

Pension Plan and Trust

EIN / PN: 13-2995699 / 005

Year: 2014

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

All participants are assumed to retire at Normal Retirement Age, which in this plan is age 62 with 5 years of participation.

#### Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Rockland Pulmonary and Medical Associates, PC Defined Benefit Pension Plan and Trust EIN / PN: 13-2995699 / 005 Year: 2014 This is a Defined Benefit Plan which provides a retirement benefit, in the form of a single life annuity, payable at Retirement Date, age 62 with 5 years of participation equal to the following dollar amounts multiplied by the years of participation: Leon S. Harris \$5,600 \$20,000 All other Participants Compensation is defined as the average of the highest three consecutive years of earnings. Participants are eligible after two years of service, provided they have attained age 21. Entry date is the earlier of the first day of June or December following the satisfaction of the eligibility requirements. In this plan benefits accrue on a unit credit basis. **Summary of Changes (if any):** A) Eligibility: B) Benefit Formula: C) Definition of Average Annual Compensation: D) Retirement Age:

E) Normal Form of Benefit Payable Under the Plan: