#### 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information								
For calenda	ar plan year 2015 or fi	iscal plan year beginning 06/01/2	015	and ending 03/	/31/2016					
A This ret	urn/report is for:	a single-employer plan  a one-participant plan		lan (not multiemployer) ( nployer information in acc		_				
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	x the final return/report	n/report (less than 12 mo	nths)					
C Check b	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFV	C program				
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name	of plan	MEDICAL ASSOCIATES, PC DEFI			<b>1b</b> Three-di plan num (PN) ▶					
	date of plan 06/01/2011									
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta			<b>2b</b> Employe (EIN)	r Identification Number 13-2995699				
	PULMONARY AND N	uctions)	2c Sponsor	's telephone number 845-353-5600						
2 CROSFIELD AVENUE, SUITE 318 WEST NYACK, NY 10994  Business code (see instructions) 621111										
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or.		<b>3b</b> Administ	rator's EIN				
						rator's telephone number				
name,	, EIN, and the plan nu	e plan sponsor has changed since to the plan sponsor has changed since to the plant from the last return/report.	the last return/report filed fo		4b EIN					
<b>a</b> Sponse	or's name				4c PN					
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	4				
		s at the end of the plan year		F	5b	0				
compl	ete this item)	account balances as of the end of t			5c					
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	4				
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0				
than '	100% vested	t terminated employment during the			5e	0				
Under pena	alties of perjury and of	or incomplete filing of this return ther penalties set forth in the instruc	tions, I declare that I have	examined this return/repo	ort, including, i	f applicable, a Schedule				
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, a plete.	s well as the electronic ver	sion of this return/report,	and to the bes	st of my knowledge and				
SIGN	Filed with authorized	/valid electronic signature.	06/07/2016	LEON S. HARRIS						
HERE	Signature of plan a	administrator	Date	Enter name of individua	al signing as p	lan administrator				
SIGN HERE										
	Signature of emplo	oyer/plan sponsor	Date	Enter name of individual signing as employer or plan spon						

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Preparer's telephone number

	Form 5500-SF 2015		Page 2							
<b>b</b> Are	ere all of the plan's assets during the plan year invested in eligibe you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	
-	ne plan is a defined benefit plan, is it covered under the PBGC in						_	X No	Not deter	mined
Part I		<u> </u>							ı	
	an Assets and Liabilities		(a) Beginning	n of Ye	ar			(b) End	of Year	
	tal plan assets	7a	(a) Degiiiiiii	2003				(b) Liid	Oi icui	0
	tal plan liabilities	7b			0					0
	t plan assets (subtract line 7b from line 7a)	7c		2003	3495					0
	come, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	ntributions received or receivable from: Employers	8a(1)	, ,		0			, ,		
(2)	Participants	8a(2)			0					
(3)	Others (including rollovers)	8a(3)			0					
<b>b</b> Oth	ner income (loss)	8b		-37	7832					
C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-378	32
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d		1965	5663					
<b>e</b> Ce	rtain deemed and/or corrective distributions (see instructions)	8e								
<b>f</b> Ad	ministrative service providers (salaries, fees, commissions)	8f								
	ner expenses	8g								
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h							19656	
	t income (loss) (subtract line 8h from line 8c)	8i							-20034	95
	ansfers to (from) the plan (see instructions)	8j								
Part I	V Plan Characteristics									
Part V	the plan provides welfare benefits, enter the applicable welfare for Compliance Questions	eature cod	des from the List of Pla	n Chara				e instruct		
	Ouring the plan year:	4:			Yes	No	N/A		Amount	
(	Vas there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	oluntary F	Fiduciary Correction	10a		X				
<b>b</b> v	Vere there any nonexempt transactions with any party-in-interest eported on line 10a.)	? (Do not	include transactions	10b		X				
<b>C</b> \	Was the plan covered by a fidelity bond?			10c		Χ				
	bid the plan have a loss, whether or not reimbursed by the plan's y fraud or dishonesty?	•		10d		X				
<b>e</b> v	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides some plan? (See instructions.)	ner persor ne or all of	ns by an insurance the benefits under	10e		X				
	las the plan failed to provide any benefit when due under the pla			10f		X				
	bid the plan have any participant loans? (If "Yes," enter amount a					X				
h If	this is an individual account plan, was there a blackout period? 520.101-3.)	(See instr	uctions and 29 CFR	10g 10h		^				
i If	10h was answered "Yes," check the box if you either provided the xceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii						
	oid the plan trust incur unrelated business taxable income?			10j						
Part V	Pension Funding Compliance									
	this a defined benefit plan subject to minimum funding requirem 500) and line 11a below)	•			•			•	X Yes	No
<b>11a</b> ∈	nter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12	s this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 1	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter th	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u>- П</u>	(
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			>	Yes 🗍	No
		PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi			Ľ	100	110
		ag this plan year, any assets of liabilities were transferred from this plan to another plan(s), identifications.	ry the plan(s) to				
1	1 <b>3c(1)</b> N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII	Trust Information					
14a	Name o	f trust		14b ⊺	rust's El	N	
14c	Name	of trustee or custodian		14d	Trustee's	s or custodia	an's
					telephon	e number	
_	. 137	1000 11 0 11					
Par	t IX	IRS Compliance Questions		Пп			
15a	Is the	plan a 401(k) plan?		∐ Ye		No	
15b	If "Yes	" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an	d employer		esign- ised safe	ADF	P/ACP
		ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			arbor ethod	test	
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
160					atio	Ave	erage
10a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	ion 410(b):	te	ercentage st	ber	efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comen with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicable	code	(See ins	tructions
17c		law changes and codes).  Ian sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla	an that is subjec	t to a fa	vorable I	RS opinion	or
17d		ry letter, enter the date of that favorable letter/ and the letter's serial r lan is an individually-designed plan and received a favorable determination letter from the IRS, e		the plai	 n's last fa	vorable	
	determ	ination letter/			2		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	S	No	N/A

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee

This Form is Open to Public Inspection

OMB No. 1210-0110

2015

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

			File as a	an attachment to Form	5500 or	5500-SF.			
For	calenda	r plan year 2015 or fiscal p	an year beginning 0	6/01/2015		and end	ing 03/3	31/2016	
•	Round o	ff amounts to nearest do	llar.						
•	Caution:	A penalty of \$1,000 will be	e assessed for late filing o	f this report unless reas	onable ca	use is establish	ed.		
	Name of p					<b>B</b> Three-di	git		
	OCKLANI .AN AND	D PULMONARY AND MED TRUST	OICAL ASSOCIATES, PC	DEFINED BENEFIT PE	NSION	plan nun	nber (PN)	•	005
			0 5 5500 55	00.05		D	lala atificani	ilana Niverala an (E	INI)
	•	sor's name as shown on li DPULMONARY AND MED		00-SF		<b>D</b> Employer		tion Number (E	IIN)
1	DONEAND	OT OLIMONARY AND MED	TOAL ACCOUNTES, I'C				13-299	0099	
F	Type of pla	an: X Single Multiple	e-A Multiple-B	<b>F</b> Prior year pl	an sizo:	100 or fewer	T 101-5	00 More th	an 500
			e-A   Multiple-B	I Piloi yeai pi	an size. /	100 of fewer	101-5	oo 🔲 wore in	an 500
Pa	art I	Basic Information							
1	Enter th	ne valuation date:	Month <u>12</u> [	Day <u>31</u> Year	2015	_			
2	Assets:								
	<b>a</b> Mark	et value					2a		1965663
	<b>b</b> Actua	arial value					2b		1965663
3	Funding	g target/participant count b	reakdown		` '	Number of		ted Funding	(3) Total Funding
					<u> </u>	rticipants	Т	arget	Target
		etired participants and ben	•			0		0	0
	<b>b</b> For t	erminated vested participal	nts			0		0	0
	<b>C</b> For a	ctive participants				4		1772839	1772839
	<b>d</b> Total				.	4		1772839	1772839
4	If the pl	an is in at-risk status, chec	k the box and complete li	nes (a) and (b)					
	<b>a</b> Fund	ing target disregarding pre	scribed at-risk assumption	ns			4a		
	_	ling target reflecting at-risk	·						
	at-	risk status for fewer than f	ive consecutive years and	disregarding loading fa	ctor		4b		
5	Effectiv	e interest rate					5		6.44%
6	Target	normal cost					6		96635
		y Enrolled Actuary							
	accordance	of my knowledge, the information so with applicable law and regulations	In my opinion, each other assump	npanying schedules, statements ption is reasonable (taking into	and attachmaccount the e	nents, if any, is complexperience of the plar	lete and accu n and reasona	rate. Each prescribe able expectations) a	ed assumption was applied in nd such other assumptions, in
	combination	, offer my best estimate of anticipate	ed experience under the plan.						
	SIGN								
Н	IERE							04/14/20	16
		S	ignature of actuary					Date	
M. I	FRANK, I	FSA, EA				_		14-0244	10
		Type	or print name of actuary				Most r	ecent enrollme	nt number
MIC	CHAEL FI	RANK CONSULTING ACT	UARY					212-567	-1464
			Firm name			Т	elephone	number (includ	ling area code)
100 NE	) ARDEN W YORK.	STREET, APT 5-B , NY 10040							
	2.5.54								
			Address of the firm			<del>_</del>			
				Installed and the state		arta artista de 1	.11 .	the beauty	🗖
it the	actuary	has not fully reflected any	egulation or ruling promu	igated under the statute	in comple	eting this sched	uie, check	the box and se	ee

Page	2	_
ı ayc	_	

Pa	rt II	Begir	nning of Year	Carryov	er and Prefunding E	Balances						
_							(a)	Carryover balance		(b) F	Prefund	ing balance
7		_	0 ,		cable adjustments (line 13	·			0			0
8	Portion	elected t	for use to offset pr	ior year's f	unding requirement (line 3	5 from						
									0			0
9									0			0
10					urn of%				0			0
11	-				d to prefunding balance:							000400
				`	38a from prior year) Ba over line 38b from prior							336460
					we interest rate of $\underline{6.65}$ %.							0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual											
	return											
	d Portion of (c) to be added to prefunding balance											
												0
					s or deemed elections				0			0
					+ line 10 + line 11d – line 1	2)			0			0
	art III		ding Percenta	_							4.4	
	4 Funding target attainment percentage 110.88 %											
	5 Adjusted funding target attainment percentage											
10	current year's funding requirement											
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18				<del></del>	ear by employer(s) and em	<u> </u>				•		
(M	<b>(a)</b> Dat IM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	( <b>a)</b> [ (MM-DD		(b) Amount pa employer(s		(0		ınt paid by ovees
		,		/	1 1/2/22	`	,	1 1 1 1	-,			
											1	
						Totals ►	18(b)		0	18(c)		
19			-		tructions for small plan with							
	_			•	imum required contribution			· ·	19a			0
					djusted to valuation date			<del> </del>	19b			0
20					uired contribution for current	year adjusted	to valuation	n date	19c			0
20		-	outions and liquidit						L		Г	] Voc. V No.
	_		_		the prior year?						 Г	」Yes X No
					y installments for the current complete the following table	-	-	manner (	Γ		·····L	Yes No
	C II IING	= 20d IS	165, SEE IIISHUCH	ons and co	Liquidity shortfall as of			an year				
(1) 1st (2) 2nd (3) 3rd (4)									(4) 4t	h		

Da	rt V	A scumptio	ne Usad to Dotormino	Funding Target and Targe	t Normal Cost							
21			iis Osed to Determine	runung rangeranu range	t Normal Cost							
		ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %			N/A, fu	ıll yield	curve	e used	
	<b>b</b> Appli	icable month (	enter code)			21b					4	
22	Weight	ed average ret	tirement age			22					62	
23		ty table(s) (see			scribed - separate	Subst	itute					
Pa	rt VI	Miscellane	ous Items									
24		ū	· ·	tuarial assumptions for the current						Yes	X No	
25	Has a r	nethod change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			<u> </u>	Yes	X No	
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachme	ent			Yes	X No	
27		•	•	ter applicable code and see instruc		27			_		_	
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contributions	s For Prior Years							
28	Unpaid	minimum requ	uired contributions for all prior	years		. 28					0	
29			contributions allocated toward		29					0		
30	Remain	ning amount of	unpaid minimum required cor		. 30					0		
Pa	art VIII Minimum Required Contribution For Current Year											
31	Target	normal cost a	nd excess assets (see instruct	ions):								
	<b>a</b> Target normal cost (line 6)											
			·	line 31a		. 31b					96635	
32	Amortiz	zation installme	ents:		Outstanding Bala	ance		l	nstallm	ent		
	<b>a</b> Net s	hortfall amortiz	zation installment				0				0	
	<b>b</b> Waiv	er amortization	n installment			1	0				0	
33				ter the date of the ruling letter gran) and the waived amount		33						
34	Total fu	ınding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34					0	
				Carryover balance	Prefunding bala	nce		To	otal bal	ance		
35			use to offset funding	0		0	)				0	
36	Addition	nal cash requi	rement (line 34 minus line 35)			. 36					0	
37				ontribution for current year adjusted		37					0	
38	Presen	t value of exce	ess contributions for current ye	ear (see instructions)		_						
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			. 38a					0	
	<b>b</b> Portion	on included in	line 38a attributable to use of	prefunding and funding standard ca	arryover balances	38b					0	
39	Unpaid	minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over I	ine 37)	. 39					0	
40	Unpaid			S		40					0	
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)	)						
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:								
	a Sche	dule elected	·····				2	plus 7 yea	ars	15 y	years	
	<b>b</b> Eligib	ole plan year(s	) for which the election in line	41a was made		2	008	2009	2010	$\overline{\Box}$	2011	
42	Amount	t of acceleratio	n adjustment			42						
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43						

#### 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: 2015

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:

2015

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

2015

This Form is Open to Public Inspection

	t Identification Information		- A STATE OF THE S	,	agreement to the control of the cont
For calendar plan year 2015 or	fiscal plan year beginning 06/01/20		and ending 03/		***************************************
A This return/report is for:	a single-employer plan		yer plan (not multiemployer) ig employer information in a	•	
,	a one-participant plan	a foreign plan	• • •		
B This return/report is	the first return/report	X the final return/rep	port		
	an amended return/report	X a short plan year	return/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extens	ion	DFVC pro	ogram
	special extension (enter desc	cription)			
Part II Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name of plan				1b Three-digit	
Rockland Pulmonary and Medica	al Associates, PC Defined Benefit P	ension Plan and Trust		plan number (PN) ▶	005
				1c Effective date 06/01/2011	of plan
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer Ider (EIN) 13-2995	
City or town, state or provint cockland Pulmonary and Medica	ice, country, and ZIP or foreign pos il Associates, PC	tal code (if foreign, see	instructions)	2¢ Sponsor's tele	
				2d Business code	
Crosfield Avenue, Sulte 318				621111	
Vest Nvack, NY 10994					
3a Plan administrator's name	and address X Same as Plan Spon	isor.		3b Administrator	s EIN
				36 Administrator	s telephone number
	he plan sponsor has changed since	the last return/report f	led for this plan, enter the	4b EIN	
name, EIN, and the plan n 8 Sponsor's name	umber from the last return/report.			4c PN	
_	ts at the beginning of the plan year.		WAS A CONTRACT OF THE CONTRACT		4
	is at the end of the plan year				0
C Number of participants with	account balances as of the end of	f the plan year (defined	benefit plans do not	50	
1141	articipants at the beginning of the p			E-1/4\	4
	participants at the end of the plan ye	-		5d(2)	0
e Number of participants tha	at terminated employment during the	e plan year with accrue	d benefits that were less	5e	0 .
Under penalties of perjury and of	e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary,	rn/report will be asses actions, I declare that I I as well as the electroni	sed unless reasonable ca have examined this return/re c version of this return/repo	<del>use is established.</del> sport, including, if app	
or don	1 Ama vo	6/7/20	/ Leon S. Harris		
Signature of plan	administrator	Date	Enter name of individ	fual signing as plan a	dministrator
		D.A.	F-4		
	loyer/plan sponsor name, if applicable) and address (i	Date		lual signing as emplo Preparer's telephone	
The second of th	name, in opposition, and addition (		,	. Topalor o totopion	in the state of th
					ALC: HE

	Form 5500-SF 2015		Page 2					
b	Were all of the plan's assets during the plan year invested in eligit 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 canrif the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public a tions.) rm 5500-SF and mus	t instea	ant (IQ	PA) Form	6 <b>50</b> 0.	X Yes No
Fa	Financial Information							
7	Plan Assets and Liabilities	No.	(a) Beginning	of Vo		T		(b) End of Year
<del>_</del>	Total plan assets	. 7a	(u) beginning	200349		+-		0
	Total plan liabilities	7b			0	+-		0
	Net plan assets (subtract line 7b from line 7a)	7c		200349	95	+		0
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int		_		(b) Total
-	Contributions received or receivable from:		(2) Amo.	-	_	3.97	100	
	(1) Employers	. 8a(1)			0	4	-	<b>124</b>
	(2) Participants	. 8a(2)			0		7	
	(3) Others (including rollovers)	. 8a(3)			0			
<u>b</u>	Other income (loss)	. 8b		-3783	32			e.
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		10	40.	in the second	The Advantage of the	-37832
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		196566	33	<b>1</b>	7	
	Certain deemed and/or corrective distributions (see instructions)	. 8e					Y 100	
<del>-</del> f	Administrative service providers (salaries, fees, commissions)							
$\frac{\cdot}{a}$	Other expenses	8g						The state of the s
	Total expenses (add lines 8d, 8e, 8f, and 8g)							1965663
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)							-2003495
j	Transfers to (from) the plan (see instructions)			Security Control of the Control of t			4	
	Plan Characteristics	1 4	L					
9a B	If the plan provides pension benefits, enter the applicable pension 1A 3D.  If the plan provides welfare benefits, enter the applicable welfare is							
Par	V Compliance Questions							
10	During the plan year:				Yes	No	NA	Amount
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interes	•		4.01		х		
	reported on line 10a.)			10b	-	$\overline{\mathbf{x}}$	J. 100	
C				100		^	14.	
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any face or commissions paid to any brokers, agents, or of camer, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	109		x	4	
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h				
7	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i			48	
j	Did the plan trust incur unrelated business taxable income?			10j				
	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for all years from							0
12	is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction	302 of 1	ERISA? Yes X No

	Form 5500-SF 2015 Page <b>3</b> - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver	structions, and e Month	enter the Day	date of t	he letter rui Year	ing
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			
С	Enter the amount contributed by the employer to the plan for this plan year	.4	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	s 🗌 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	-	ntrol	×	Yes 🗌	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
Whom Profile			N. W.			
attento	Trust Information					
14a	Name of trust		14b 1	rust's Elf	4	
14c	Name of trustee or custodian			Trustee's telephone	or custodia number	in's
	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye		No	-
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		∏ ba ha	esign- Isød safe Irbor ethod	ADF test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(a)(2)(ii))?	I01(m)-	Ye	6	□No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	on 410(b):		atio ercentage st		erage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		Ye	5	No	
17a	Has the plan been timely amended for all required tax law changes?		│ [] Ye	8	∏No	∏ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicab	e code _	(See in	structions
170	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantsory letter, enter the date of that favorable letter and the letter's serial		t to a fa	vorable li	RS opinion	or
	if the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter		the plan	n's last fa	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No	
19	Were in-service distributions made during the plan year?		Ye	5	∏No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	s	∐No	□ N/A

## **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.

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

For	calendar	plan year 2015 or fiscal plan	year beginning	06/01/20	15		and endi	ng 03/3	31/2016	
•	Round of	ff amounts to nearest dollar	r.							
•	Caution:	A penalty of \$1,000 will be as	ssessed for late filing	of this re	port unless reasc	nable ca	use is establish	ed.		·
	lame of p	lan ulmonary and Medical Associ	ates. PC Defined Ben	efit Pens	sion Plan and Tru	st	B Three-dig	•	•	005
110	onana i c	amonary and modern recoon	atos, r o bomiou bom							
C F	Plan spons	sor's name as shown on line :	2a of Form 5500 or 5	500-SF			D Employer	Identificat	tion Number (E	in)
		ulmonary and Medical Associ					13-2995699		,	,
Ет	ype of pla	ın: X Single Multiple-A	Multiple-B		F Prior year pla	n size: 🔯	100 or fewer	101-5	00 More th	an 500
Pa	ırt I 💮 E	Basic Information								
1		e valuation date:	Month 12	Day 3	31 Year_2	2015				_
2	Assets:			<del> </del>						
•	<b>a</b> Marke	et value	•••••					2a		1965663
	<b>b</b> Actua	rial value						2b	***************************************	1965663
3		g target/participant count brea				(1) [	Number of rticipants		ted Funding arget	(3) Total Funding Target
	<b>a</b> For re	etired participants and benefic	ciaries receiving paym	ent			0		0	0
	<b>b</b> For te	erminated vested participants.					0		0	0
		ctive participants					4		1772839	1772839
	_	savo paraolparao			İ		4		1772839	1772839
4										
4	•	an is in at-risk status, check th	•					4a		
		ng target disregarding prescri	•						•	· · · · · · · · · · · · · · · · · · ·
	<b>b</b> Fundi at-	ing target reflecting at-risk ass risk status for fewer than five	consecutive years an	arding tra id disrega	ansition rule for p arding loading fac	tor	nave been in			
_5_	Effective	e interest rate						5		6.44 %
6	Target r	normal cost						6		96635
-	To the best o	y Enrolled Actuary of my knowledge, the information supplic with applicable law and regulations. In r offer my best estimate of anticipated e	my opinion, each other assur	empanying semption is rea	chedules, statements a asonable (taking into ad	and attachm coount the e	ents, if any, is comple experience of the plan	ete and accu and reasona	rate. Each prescribe able expectations) a	ed assumption was applied in nd such other assumptions, in
1-	IGN ERE	i	1. chol 7. h	١					04/14/20	16
L		Sian	nature of actuary						Date	
		•	Frank, FSA, EA						14-0244	10
		Type or r	orint name of actuary					Most r	ecent enrollme	nt number
		•• •	rank Consulting Actua	ary					(212) 567	7-1464
			Firm name rden Street. Apt 5-B				Te	elephone	number (includ	ling area code)
		• • • • • • • • • • • • • • • • • • •								
			v York, NY 10040 dress of the firm				_			
instru	ıctiòns	nas not fully reflected any regi								
For F	aperwor	k Reduction Act Notice and	I OMB Control Numl	bers, see	the instruction	s for Fo	rm 5500 or 5500	)-\$F.	Schedule	e SB (Form 5500) 2015

Pa	art II	Begir	ning of Year	Carryove	er and Prefunding E	Balances						
							(a) (	Carryover balance		(b) l	Prefund	ing balance
7		•	• . ,		cable adjustments (line 13	•			0			0
8				•	unding requirement (line 3				0			0
9	Amount	remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	actual retu	ırn of0.00_%				0			0
11	Prior yea	ar's exce	ess contributions to	o be added	to prefunding balance:							
	<b>a</b> Prese	nt value	of excess contribu	utions (line	38a from prior year)							336460
					a over line 38b from prior e interest rate of 6.65%.							0
	` '		•	-	edule SB, using prior year							0
					ar to add to prefunding bala							336460
d Portion of (c) to be added to prefunding balance										0		
12	12 Other reductions in balances due to elections or deemed elections											0
					line 10 + line 11d – line 1				0			0
	art III		ding Percenta			,						
				•							14	110.88 %
<ul> <li>14 Funding target attainment percentage</li> <li>15 Adjusted funding target attainment percentage</li> </ul>											15	110.88 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									е	16	120.82 %	
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
	art IV		tributions and							Į.		
18			•		ear by employer(s) and em	<del> </del>	-			1		
(N	(a) Date 1M-DD-YY	: ′YY)	(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-)		(b) Amount pa employer(		(0		int paid by oyees
		,	, ,		, ,	,	,	, ,	. ,			
						Totals ►	18(b)		0	18(c)		
19	Discount	ed emp	loyer contributions	s – see inst	ructions for small plan with	n a valuation da	ate after th	e beginning of the	e year:			
	<b>a</b> Contri	butions	allocated toward u	unpaid mini	mum required contribution	ns from prior ye	ars		19a			0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date											
	<b>C</b> Contri	butions a	allocated toward mi	nimum requ	ired contribution for current	year adjusted t	o valuation	date	19c			0
20	•	•	outions and liquidit	•								
			_		ne prior year?						<u></u>	Yes X No
					installments for the current	-	a timely	manner?				Yes No
	<b>C</b> If line	20a is "	Yes," see instructi	ons and co	mplete the following table		60.					
		(1) 19	st		Liquidity shortfall as of (2) 2nd	end of quarter		n year 3rd			(4) 4tl	n
	(1) 15t (2) 21td (3) 3td (4) 4til											

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Tar	get Normal Cost					
21	Discou	count rate:								
	<b>a</b> Seg	1 Segment rates: 1st segment: 4.72%		2nd segment: 3rd segment 6.11 % 6.81 %			N/A, full yiel	N/A, full yield curve used		
	<b>b</b> App	<b>b</b> Applicable month (enter code)						4		
22	Weighted average retirement age					22	62			
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate						ute			
Pa	Part VI Miscellaneous Items									
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required atta							Yes	X No	
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attack						nt	Yes	X No	
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment									
Pa	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years									
28	Unpaid minimum required contributions for all prior years							0		
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)					29		0_		
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								0	
Pa	Part VIII Minimum Required Contribution For Current Year									
31	31 Target normal cost and excess assets (see instructions):									
	a Target normal cost (line 6)					31a		96635		
	<b>b</b> Excess assets, if applicable, but not greater than line 31a							96635		
32	Amortization installments: Outstanding Ba					ance	Installment			
	a Net shortfall amortization installment					0	0			
	<b>b</b> Waiver amortization installment						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 funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).					. 34	0			
	Carryover balance Prefunding ba					nce Total balance				
35	Balances elected for use to offset funding requirement					0	0			
36	6 Additional cash requirement (line 34 minus line 35)						0			
37	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)						0			
38	38 Present value of excess contributions for current year (see instructions)									
	a Total (excess, if any, of line 37 over line 36)					. 38a	0			
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					38b	0			
39	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					39	0			
40	The state of the s						0			
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41	1 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected						2 plus 7 years	15 y	ears	
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made					200	08 2009 201	0	2011	
42	Amoun	Amount of acceleration adjustment					_			
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43				

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

Pension Plan and Trust

EIN / PN: 13-2995699 / 005

Year: 2015

## 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: 2015

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 benefit accrued as of June 1, 2015 plus the following applicable formula based on years of participation after May 31, 2015:

Leon S. Harris and Stephen Menitove
All other Participants:

5% of compensation for each year of participation up to 5 years of participation.

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: Prior to June 1, 2015 the formula was equal to the following dollar amounts multiplied by the years of participation:

Leon S. Harris \$5,600 All other Participants \$20,000

- C) Definition of Average Annual Compensation:
- D) Retirement Age:
- E) Normal Form of Benefit Payable Under the Plan: