## 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

Pai	rt I Annual Report	Identification Information						
For c	alendar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/201	5			
<b>A</b> TI	his return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•	-			
<b>B</b> Th	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)				
<b>C</b> C	heck box if filing under:	X Form 5558 special extension (enter descr	automatic extension	[	DFVC prog	ram		
Par	t II Basic Plan Info	ormation—enter all requested inf	formation					
	Name of plan URST UNITED MEDICAL F	P.C. DEFINED BENEFIT PLAN		р	hree-digit lan number PN)	001		
				1c E	ffective date o	f plan 1/2011		
N	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	Box) al code (if foreign, see instructions)		' '	fication Number 524678		
	JRST UNITED MEDICAL PO		al code (ii loreigh, see instructions)	<b>2c</b> Sponsor's telephone number 718-803-3555				
	2ND STREET			<b>2d</b> B		(see instructions)		
LIVITO	JRST, NY 11373				6213	340		
	Plan administrator's name a JRST UNITED MEDICAL PO	nd address Same as Plan Spons	sor. ND STREET	<b>3b</b> A	dministrator's 26-2	EIN 2524678		
Zivii ic			RST, NY 11373	<b>3c</b> A	dministrator's	telephone number		
					718-80	03-3555		
		e plan sponsor has changed since	the last return/report filed for this plan, enter the	<b>4b</b> E	IN			
	Sponsor's name			<b>4c</b> ₽	'n			
5a -	Total number of participants	at the beginning of the plan year		5a		5		
b ·	Total number of participants	s at the end of the plan year		5b		5		
	Number of participants with complete this item)	account balances as of the end of	the plan year (defined benefit plans do not	5c				
d(1	l) Total number of active pa	articipants at the beginning of the pl	an year	5d(1	-	3		
d(2	2) Total number of active pa	articipants at the end of the plan yea	ar	5d(2	)	3		
	than 100% vested		plan year with accrued benefits that were less	5e		0		
			n/report will be assessed unless reasonable cau					
			ctions, I declare that I have examined this return/repas well as the electronic version of this return/report					

bellet, it is t	rue, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.	09/16/2016	XIOA LIANG ZHANG	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r)	Preparer's telephone number
·			,	·

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

Form 550	0-SF 2015		Page 2							
<b>b</b> Are you claiming under 29 CFR 25	lan's assets during the plan year invested in eligib a waiver of the annual examination and report of 20.104-46? (See instructions on waiver eligibility "No" to either line 6a or line 6b, the plan canr	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
•	fined benefit plan, is it covered under the PBGC in					_	_	X No	Not detern	nined
Part III Financ	ial Information	·						<u> </u>		-
7 Plan Assets and			(a) Beginning	of Ye	ar			(b) End	of Year	
		. 7a	(1)	1492				<b>(-7</b>	155474	11
<b>b</b> Total plan liabilitie	98	. 7b			0					0
C Net plan assets (	subtract line 7b from line 7a)	. 7с		1492	513				155474	11
8 Income, Expense	s, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	eived or receivable from:	. 8a(1)		100	0000					
(2) Participants.		. 8a(2)			0					
(3) Others (include	ding rollovers)	. 8a(3)			0					
<b>b</b> Other income (los	ss)	. 8b		-37	772					
	d lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							6222	28
	luding direct rollovers and insurance premiums s)	. 8d								
	and/or corrective distributions (see instructions)	. 8e			0					
<b>f</b> Administrative se	rvice providers (salaries, fees, commissions)	. 8f			0					
<b>g</b> Other expenses .		. 8g			0					
h Total expenses (a	add lines 8d, 8e, 8f, and 8g)	. 8h								0
i Net income (loss)	(subtract line 8h from line 8c)	. <b>8i</b>							6222	28
j Transfers to (fron	n) the plan (see instructions)	8j								
Part IV Plan (	Characteristics									
	les welfare benefits, enter the applicable welfare t	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ons:	
10 During the plan	year:				Yes	No	N/A		Amount	
described in 29	ure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's N	√oluntary F	iduciary Correction	10a		X				
	nonexempt transactions with any party-in-interes 10a.)			10b		X				
<b>C</b> Was the plan c	overed by a fidelity bond?			10c		X				
•	ve a loss, whether or not reimbursed by the plan's onesty?	•		10d		X				
carrier, insurance	or commissions paid to any brokers, agents, or ot be service, or other organization that provides son instructions.)	ne or all of	the benefits under	10e		X				
f Has the plan fai	led to provide any benefit when due under the pla	an?		10f		X				
<b>g</b> Did the plan hav	ve any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Χ				
h If this is an indiv	ridual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X				
i If 10h was answ	vered "Yes," check the box if you either provided to oviding the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i						
	st incur unrelated business taxable income?			10j						
	Funding Compliance									
	benefit plan subject to minimum funding requiren 1a below)	•			•			•	X Yes	No
11a Enter the unpaid	d minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12 Is this a defined	contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	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 inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	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			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	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//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
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	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" 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 Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

2015

OMB No. 1210-0110

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 ▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit ELMHURST UNITED MEDICAL P.C. DEFINED BENEFIT PLAN 001 plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) ELMHURST UNITED MEDICAL PC 26-2524678 **F** Prior year plan size: E Type of plan: X Single Multiple-A Multiple-B 100 or fewer 101-500 More than 500 Part I **Basic Information** Enter the valuation date: 31 Year 2015 Month \_ Day Assets: 2a 1454742 a Market value ..... 2b **b** Actuarial value..... 1454742 (1) Number of (3) Total Funding (2) Vested Funding Funding target/participant count breakdown participants Target Target a For retired participants and beneficiaries receiving payment..... 0 **b** For terminated vested participants..... 22363 22363 C For active participants ..... 913852 916419 936215 938782 If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... a Funding target disregarding prescribed at-risk assumptions 4a **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor ..... 5 Effective interest rate 6.71% Target normal cost..... 6 214885 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN **HERE** 08/31/2016 Signature of actuary Date GERHARD J. GEBAUER 14-02059 Type or print name of actuary Most recent enrollment number ALTIGRO PENSION SERVICES, INC 973-439-0200 Firm name Telephone number (including area code) 3 US HIGHWAY 46 WEST FAIRFIELD, NJ 07004-2904

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Address of the firm

Page	2	_

Pa	rt II Be	ginning of Year	Carryove	er and Prefunding Ba	lances						
				<u>_</u>		(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		,		cable adjustments (line 13 fr	•			0			0
8			,	unding requirement (line 35				0			0
9	Amount rema	aining (line 7 minus lii	ne 8)					0			0
10	Interest on li	ne 9 using prior year's	s actual retu	urn of%							
11				to prefunding balance:							
	a Present va	alue of excess contrib	utions (line	38a from prior year)							365380
	b(1) Interes	t on the excess, if an	y, of line 38	a over line 38b from prior yee interest rate of <u>6.68</u> %	ear						0.4407
	b(2) Interes	t on line 38b from pri	or year Sch	edule SB, using prior year's	actual						24407
											0
C Total available at beginning of current plan year to add to prefunding balance											389787
<b>d</b> Portion of (c) to be added to prefunding balance											0
12	Other reduct	ions in balances due	to elections	or deemed elections							0
13	Balance at b	eginning of current ye	ear (line 9 +	line 10 + line 11d – line 12)				0			0
Pa	art III F	unding Percenta	ages								
14	Funding targ	et attainment percent	age							14	154.96 %
15		ding target attainmen								15	154.96 %
16	•			of determining whether carr		-	•		Э	16	189.45 %
17	If the current	value of the assets of	f the plan is	s less than 70 percent of the	funding ta	rget, enter s	such percentage			17	%
Pá	art IV C	ontributions an	d Liquidi	ity Shortfalls							
18				ear by employer(s) and emp	-				1 -		
(M	(a) Date IM-DD-YYYY)	<b>(b)</b> Amount p employer		(c) Amount paid by employees	( <b>a)</b> [ (MM-DE)		<b>(b)</b> Amount pa employer(		(0		nt paid by oyees
06	6/14/2016		100000	0							
						1				1	
					Totals ▶	18(b)		100000	18(c)		0
19				ructions for small plan with a							
	_			mum required contributions			İ	19a			0
				justed to valuation date			ľ	19b			0
20				uired contribution for current y	ear adjusted	to valuation	n date	19c			97321
20	•	ntributions and liquidit	-							Г	Voc V Na
		_		he prior year?						<u> </u>	Yes X No
				installments for the current	-	-	manner?	 Г		·····L	Yes No
	t if line 20a	is Yes," see instructi	ons and co	mplete the following table as Liquidity shortfall as of er			n vear				
	(1)	1st		(2) 2nd	or quarte	(3)	3rd			(4) 4th	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	unt rate:									
	<b>a</b> Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, fu	ll yield	curve	used	
	<b>b</b> App	licable month (	enter code)			21b				0	
22	Weigh	ted average ret	tirement age			. 22				62	
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24		-		uarial assumptions for the current					Yes	X No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	t	X	Yes	No	
27				er applicable code and see instru	ctions regarding	27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0	
29				d unpaid minimum required contrib		29				0	
30	Remai	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Targe	t normal cost a	nd excess assets (see instruct	ions):							
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				214885	
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				214885	
32	Amorti	ization installme	ents:		Outstanding Bala	ance	lr	Installment			
	<b>a</b> Net	shortfall amortiz	zation installment			0				0	
	<b>b</b> Wai	ver amortization	n installment			0				0	
33				ter the date of the ruling letter gra		33					
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	. 34				0	
				Carryover balance	Prefunding bala	nce	То	tal bala	nce		
35			use to offset funding							0	
36	Additio	onal cash requir	rement (line 34 minus line 35)			36				0	
37			•	ontribution for current year adjuste		37				97321	
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)							
			·			. 38a				97321	
				prefunding and funding standard of		38b					
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39				0	
40	Unpaid	d minimum requ	uired contributions for all years	S		40				0	
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)					
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:							
						Г	2 plus 7 yea	rs	15 y	ears	
				41a was made			. – –	2010		2011	
42			•			42	<u> </u>		<u> </u>		
			-	d over to future plan years		43					

### Schedule SB, line 26 - Schedule of Active Participant Data

#### YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			To 24 Avg. Comp	25 No.	To 29 Avg. Comp	30 No.	To 34 Avg. Comp		5 To 39 Avg. Comp		Avg.
rige	110	Comp	110.	Comp	110.	Comp	110.	Comp	110.	Comp	+	110.	Сопр	110.	Comp	110	Comp	110.	Сопр	110.	Comp
Under 25	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	(	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0		0	0	0	0		0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	$\perp$	0	0	0	0		0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0		0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	$\mp$	0	0	0	0	0	0	0	0		
43 10 49	"	0	+ "		"	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+ "		"	0	+	U	0	+ "	"	+ "	0		U	<del>                                     </del>	, 0
50 to 54	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0		0	0	0		0
55 to 59	0	0	0	0	0	0	0	0	0	0	$\pm$	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	$\perp$	0	0	0	0		0	0	0	0	0

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

Plan sponsor's name: Elmhurst United Medical, P.C.

Plan number: 001

EIN: 26-2524678

### Schedule SB, Part V - Statement of Actuarial Assumptions

**Options:** 

**Target Assumptions:** 

Male Nonannuitant: 2015 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2015 Nonannuitant Female Use discount rate transition: No

**Male Annuitant:** 2015 Annuitant Male Lump sums use proposed regulations: Yes

**Female Annuitant:** 2015 Annuitant Female **Actuarial Equivalent Floor** 

Applicable months from valuation month: Stability period: plan year

Lookback months: 1 Probability of lump sum: 100.00%

Use pre-retirement mortality: Nonannuitant: N/A No

> 2015 Applicable **Annuitant:**

<u>1st</u> 2nd <u>3rd</u> <u>1st</u> 2nd <u>3rd</u> **Current:** 1.48 3.77 4.79 Segment rates: 3.98 5.00 1.39

Override: 0.00 0.00 0.00 **High Quality Bond rates:** N/A N/A N/A

Final rates: 4.72 6.11 6.81

0.00

Salary Scale **Late Retirement Rates** 

0.00

Male: 3.00% N/A Male: N/A Female: 3.00% Female:

0.00

Withdrawal **Marriage Probability Setback** 

Male: Male: 0 N/A 0.00% Female: Female: N/A 0.00%

Withdrawal-Select **Expense loading:** 0.00%

**Disability Rates** Female: N/A Male: N/A

**Early Retirement Rates** Female: N/A

Male: N/A **Setback Mortality** Female: N/A 0 Male: N/A

**Subsidized Early Retirement Rates** 0 N/A Female: Male: N/A

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

Plan Sponsor's EIN: 26-2524678

Plan Number: 001

Override:

Male:

Female:

N/A

N/A

## 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

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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

		accordance with the mist	uctions to the rolling.		
Part   Annual Repor	t Identification Information	01/01/2015	and ending	12/31/2	015
For calendar plan year 2015 or	x a single-employer plan		lan (not multiemployer)		
A This return/report is for:	X a single-employer plan	list of participating er	nployer information in a	cordance with the f	orm instructions)
A This return report is ion.	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
B This return report to	an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)	
C Check box if filing under:	X Form 5558	automatic extension		☐ DFVC p	rogram
	special extension (enter des	cription)			
Part II Basic Plan In	formation—enter all requested I	nformation			
1a Name of plan	DICAL P.C. DEFINED BE			1b Three-digit plan numbe (PN)	001
e e				1c Effective da 01/01/2	
Malling address (include to	ployer, if for a single-employer plan oom, apt., suite no. and street, or P	.O. Box)		2b Employer Id (EIN) 26-3	entification Number 2524678
City of town, state or provi Elmhurst United M	ince, country, and ZIP or foreign po	stal code (if foreign, see ins	tructions)	2c Sponsor's to 718 - 803	elephone number -3555
N <sub>at</sub>				2d Business co	de (see Instructions)
4502 82nd Street				621340	
Elmhurst	NY 1137:			01-1-1-1	1. 501
3a Plan administrator's name	and address Same as Plan Spo	onsor.		3b Administrate 26-25246	
ELMHURST UNITED ME 4502 82ND STREET				3c Administrate 718-803	or's telephone number -3555
ELMHURST	NY 11373	es the last return/report filed	for this plan, enter the	4b EIN	
name EIN, and the plan	the plan sponsor has changed sind number from the last return/report.	ce the last return aport mod	tor the plant enter the	4c PN	
a Sponsor's name	nts at the beginning of the plan yea	r		5a	5
5a Total number of participa	hts at the beginning of the plan year			5b	
a Number of participants W	nts at the end of the plan year ith account balances as of the end	of the plan year (defined be	nefit plans do not	l 5c l	
complete this item)	participants at the beginning of the		***************************************	5d(1)	
	participants at the beginning of the plan				
e Number of participants t	hat terminated employment during	the plan year with accrued I	enefits that were less	5e	
	ate or incomplete filing of this ret				d
	d other penalties set forth in the inside and signed by an enrolled actuar				
	and The land	- 9/1/hotos	Xioa Liang Z	hang	
SIGN HERE	- Chilatestar	Date	Enter name of indiv	idual signing as pla	n administrator
Signature or pri	an administrator				
HERE SIGN		Date	Enter name of indiv	idual signing as em	ployer or plan sponsor
	n <b>ployer/plan sponsor</b> rm name, if applicable) and address			Preparer's telep	hone number
Preparers name (including m	m name, ii applicable) and addica-		,		
1.					

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot be under 29 CFR 2520.104-46?</li> </ul>	an indepenandendendendendendendendendendendendenden	dent qualified public a ons.)	ccount	ant (IQ	PA)			X Ye	s No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ction 4	021)?		Yes [	X No [	Not dete	rmined
Part III Financial Information									
7 Plan Assets and Liabilities	7.1	(a) Beginning	of Ye	ar			(b) En	d of Year	
a Total plan assets	7a		1,49	2,51	3			1,5	54,741
b Total plan liabilities	7b				0				0
C Net plan assets (subtract line 7b from line 7a)	7c		1,49	2,51	3			1,5	54,741
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt		_		(b)	Total	
Contributions received or receivable from:     (1) Employers	8a(1)		10	0,00	0				
(2) Participants	8a(2)				0	F.		13.16	
(3) Others (including rollovers)	8a(3)	34			0				
b Other income (loss)	8b		-3	7,77	2				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								62,228
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						- 11		
e Certain deemed and/or corrective distributions (see instructions)	8e				0				
f Administrative service providers (salaries, fees, commissions)	8f				0				
g Other expenses	8g				0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_		+				0
i Net income (loss) (subtract line 8h from line 8c)	8i				+	_			62,228
j Transfers to (from) the plan (see instructions)	8j								
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Plan	n Char	acterist	ic Cod	les in th	e instru	ctions:	
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
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 by fraud or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		Х				
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	ctions and 29 CFR	10h		Х				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance		**		•					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Ye	s No
11a Enter the unpaid minimum required contribution for all years from						11a		0	

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

12

Yes X No

	Form 5500-SF 2015 Page <b>3 -</b>									
)	(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 instr granting the waiver		enter th Day		e letter ru Year	uling				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.								
b	Enter the minimum required contribution for this plan year		12b							
c	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 (enter a minus sign to the let 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	X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)			31						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)				
Part	t VIII Trust Information			97						
14a	Name of trust		14b	Trust's EIN						
14c	Name of trustee or custodian		14d	Trustee's telephone		ian's				
14c			14d			ian's				
Par	t IX IRS Compliance Questions		14d	telephone		ian's				
Par 15a			Ye	telephone	number	P/ACP				
15a	IRS Compliance Questions  Is the plan a 401(k) plan?	rent year 1(m)-	Ye	telephone es esign- ased safe arbor aethod	number  No	P/ACP				
15a 15b	Is the plan a 401(k) plan?	rent year 1(m)-	D ba	telephone es esign- ased safe arbor aethod	No ADI tes	P/ACP				
15a 15b 15c	Is the plan a 401(k) plan?	rent year 1(m)- 1 410(b):	D ba	telephone es esign- ased safe arbor tethod es atio ercentage	No ADI tes	P/ACP t				
15a 15b 15c 16a 16b	Is the plan a 401(k) plan?	rent year 1(m)- n 410(b):	Ye   D   bb   ha   m   Ye     Ye     Ye     Ye     Ye     Ye     Ye     Ye     Ye     Ye	es esign- ased safe arbor nethod es atio ercentage est	No Avuber No No No	P/ACP t erage nefit test				
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	rent year 1(m)- n 410(b):	Ye  Dobaha m  Ye  R po te  Ye  Ye  Ye  Application	es esign- ased safe arbor aethod es atio ercentage est es ble code	No Avv. ber No No (See i	P/ACP t erage nefit test				
15a 15b 15c 16a 16b 17a 17b	It is the plan a 401(k) plan?	rent year 1(m)- 1 410(b): ining  Enter the atthat is subject	Ye  Dobaha m  Ye  R po te  Ye  Ye  applicate to a fa	es esign- ased safe arbor aethod es atio ercentage est ble code avorable IR	No Ave No No (See in Sopinion	P/ACP t erage nefit test				
15a 15b 15c 16a 16b 17a 17b 17c	It is the plan a 401(k) plan?	rent year 1(m)- 1 410(b): Ining  Enter the atthat is subjectment	Ye barrier Reference Ye Ye applicate to a fat	es esign- ased safe arbor nethod es atio ercentage est ble code avorable IR n's last fav	No Ave No No (See in Sopinion	P/ACP t erage nefit test				
15a 15b 15c 16a 16b 17a 17b	It is the plan a 401(k) plan?	rent year 1(m)- 1410(b):  Ining  Enter the atthat is subject that is subject the date of that the date of that the date of the date	Ye   Doba   ha   m   Ye   Te   Ye   Te   Ye   Te   Te   Te	es esign- ased safe arbor hethod es atio ercentage est ble code avorable IR n's last fav	No Average No No No No Sopinion orable	P/ACP t erage nefit test				
15a 15b 15c 16a 16b 17a 17b 17c 17d	Is the plan a 401(k) plan?	rent year 1(m)- 1410(b): ining  Enter the atthat is subject mber er the date of nas been slands)?	Yee	es esign- ased safe arbor hethod es atio ercentage est ble code avorable IR n's last fav	No Average No No No Sopinion Dorable	P/ACP t erage nefit test				
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	It is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curtesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40·2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combit this plan with any other plans under the permissive aggregation rules?  Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).  If the plan is an individually-designed plan and received a favorable determination letter and the letter's serial nure if the plan is an individually-designed plan and received a favorable determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	rent year 1(m)- 1410(b): ining  Enter the atthat is subjective the date of ass been slands)?	Ye   Doba   ha   m   Ye   Te   Ye   Te   Ye   Te   Te   Te	es esign- ased safe arbor hethod es atio ercentage est ble code avorable IR n's last fav	No Average No No No No Sopinion orable	P/ACP t erage nefit test				

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

Single-Employer Defined Benefit Plan

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	File as an attachment to Form	n 5500 or 5500-SF.			
For calendar plan year 2015 or fiscal pl	an year beginning 01/01/2015	and endir	g	12/31/20	015
Round off amounts to nearest do					
Caution: A penalty of \$1,000 will be	e assessed for late filling of this report unless reas		d.		
A Name of plan	A DESCRIPTION DEVICES DE LA	<b>B</b> Three-dig			
ELMHURST UNITED MEDICA	AL P.C. DEFINED BENEFIT PLAN	plan numi	per (PN)		001
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 5500-SF	D Employer I	dentificat	ion Number (E	IN)
TIME TO A STATE OF THE PARTY.	N. D.	06.050467	0		
ELMHURST UNITED MEDICA		26-252467	8	277	
E Type of plan: X Single Multiple	A Multiple-B F Prior year p	lan size: 🛛 100 or fewer	] 101-50	00 🔲 More tha	an 500
Part I Basic Information	300				
1 Enter the valuation date:	Month 12 Day 31 Year	2015			***
2 Assets:					
a Market value			. 2a		1,454,742
<b>b</b> Actuarial value			. 2b		1,454,742
3 Funding target/participant count b	reakdown	(1) Number of participants		ted Funding arget	(3) Total Funding Target
a For retired participants and ben-	eficiaries receiving payment	0		Q	0
<b>b</b> For terminated vested participal	nts	2		22,363	22,363
C For active participants		3		913,852	916,419
d Total		5		936,215	938,782
4 If the plan is in at-risk status, chec	k the box and complete lines (a) and (b)				
	scribed at-risk assumptions	Name of the last o	. 4a		
<b>b</b> Funding target reflecting at-risk	assumptions, but disregarding transition rule for ve consecutive years and disregarding loading for	plans that have been in	4b		
	To concount o years and an organisms reasons		. 5		6.71%
6 Target normal cost			. 6		214,885
Statement by Enrolled Actuary					
To the best of my knowledge, the information su	pplied in this schedule and accompanying schedules, statement In my opinion, each other assumption is reasonable (taking into	s and attachments, if any, is comple	e and accur	ate, Each prescribe	d assumption was applied in
combination, offer my best estimate of anticipate					
SIGN	2 .		1		
HERE	95		3/3,	1/16	
62	ignature of actuary			Date	
GERHARD J. GEBAUER				1402059	9
**	or print name of actuary			ecent enrollme	
ALTIGRO PENSION SERVICES	, INC.			973-439-0	200
	Firm name	Те	lephone i	number (includ	ing area code)
3 US HIGHWAY 46 WEST					
FAIRFIELD NJ 0	7004-2904				
<del></del>	Address of the firm				
If the actuary has not fully reflected any r	egulation or ruling promulgated under the statute	e in completing this schedul	e, check	the box and se	ее

Pa	ırt II	Beginn	ing of Year C	arryove	er and Prefunding B	aland	ces							
								(a)	Carryover balance		(b)	Prefundi	ng bala	ince
		•			able adjustments (line 13 f	-				0				0
8				rior year's funding requirement (line 35 from					o				0	
9	Amount	remaining	(line 7 minus line	e 8)						0				0
10	Interest	on line 9 u	using prior year's	actual retu	ırn of%									
11	Prior ye	ar's exces	s contributions to	be added	to prefunding balance:									
	a Prese	ent value o	f excess contribut	tions (line	38a from prior year)								3	65,380
					a over line 38b from prior y e interest rate of <u>6 . 68</u> %									24,407
	• •				edule SB, using prior year's		al							0
					ar to add to prefunding balan								3	89,787
	<b>d</b> Portio	on of (c) to	be added to prefe	unding ba	lance									(
12	Other re	eductions i	n balances due to	elections	or deemed elections									C
13	Balance	at beginn	ing of current yea	ır (line 9 +	line 10 + line 11d - line 12	)				0				C
P	art III	Fund	ing Percentag	aes										
	777	-										14	154	1.96%
			arget attainment									15	154	1.96%
	Prior ye	ar's fundin	g percentage for	purposes	of determining whether car	ryover	r/prefun	funding balances may be used to reduce				16	18	9.45%
17					less than 70 percent of the		-					17		%
P	art IV	Cont	ributions and	Liquidi	ity Shortfalls									
_					ear by employer(s) and emp	ployee	es:							
-	(a) Dat		(b) Amount pai		(c) Amount paid by		(a) Da		(b) Amount p		T (	c) Amou		by
	M-DD-Y		employer(s				-YYYY) employer(s)			employees				
	5/14/2	2016		,000										
											-		-	-
			-											
_											-		_	
_						_					-			
											-			
									-		-			
_											<del> </del>			
		-				_					7	_		
											-			
						Tota	ais ▶	18(b)	1	00.00	0 18(c)			C
19	Discoun	ted emplo	ver contributions :	– see instr	ructions for small plan with	a valu	ation d	ate after t			-1			
		•			mum required contributions					19a				
				•	justed to valuation date					19b		-		C
				-	ired contribution for current y					19c				97,321
20			tions and liquidity			e e e e e e e e e e e e e e e e e e e	**************************************							
		•			· ne prior year?					1		Г	Yes	X No
					installments for the current							=	Yes	П №
			•		mplete the following table a					1			. 55	ш
-	o n ane	20013 TE	o, occ manucilli	no and CO	Liquidity shortfall as of e				an year	_			-	
		(1) 1st			(2) 2nd		1		3rd			(4) 4tl	1	

-		ns Used to Determine	Funding Target and Targe	et Normal Cost		V X V V V
21	Discount rate:  a Segment rates:	1st segment:	2nd segment: 6 . 11%	3rd segment: 6.81%		N/A, full yield curve used
	<b>b</b> Applicable month (	Property Control of the Control	1		21b	0
22	<del>, _ '/</del> '				22	62
	Mortality table(s) (see			scribed - separate	Substitut	te
-	rt VI Miscellane					
	Has a change been m	nade in the non-prescribed act	uarial assumptions for the current	-		
25	Has a method change	been made for the current place	an year? If "Yes," see instructions	regarding required attac	hment	Yes 🛛 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	X Yes No
27		•	er applicable code and see instruc		27	
Pa	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years		
28	Unpaid minimum requ	ired contributions for all prior	years		28	0
29			l unpaid minimum required contrib	• •	29	0
30	Remaining amount of	unpaid minimum required cor	tributions (line 28 minus line 29).		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost ar	nd excess assets (see instruct	ions):			
	a Target normal cost (	(line 6)			31a	214,885
	<b>b</b> Excess assets, if ap	oplicable, but not greater than	line 31a		31b	214,885
32	Amortization installme	ents:		Outstanding Bala	+	Installment
	a Net shortfall amortiz	zation installment			0	C
					0	C
33			ter the date of the ruling letter grai ) and the waived amount		33	
34	Total funding requiren	ment before reflecting carryove	er/prefunding balances (lines 31a -	- 31b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for u	use to offset funding				0
36	Additional cash requir	rement (line 34 minus line 35)		***************************************	36	0
37			ontribution for current year adjuste		37	97,321
38	Present value of exce	ss contributions for current ye	ar (see instructions)			
	a Total (excess, if any	, of line 37 over line 36)			38a	97,321
	<b>b</b> Portion included in I	line 38a attributable to use of p	prefunding and funding standard o	arryover balances	38b	
39	Unpaid minimum requ	lired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39	0
40		10.0000			40	C
Pa	rt IX Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)	1	
41	If an election was mad	te to use PRA 2010 funding re	lief for this plan:			
	a Schedule elected					2 plus 7 years 15 years
	b Eligible plan year(s)	for which the election in line	41a was made		200	8 2009 2010 2011
42	Amount of acceleration	n adjustment			42	1
43	Excess installment acc	celeration amount to be carried	d over to future plan years		43	

## Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2015 Effective: 6.17% Late Quarterly: 11.17%

Effective Date	<u>Amount</u>	<b>Discounted</b>
06/14/2016	\$100,000	\$97,321
	\$100,000	\$97,321

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

Plan Sponsor's EIN: 26-2524678

Plan Number: 001

Plan Sponsor's Name: Elmhurst United Medical, P.C.

# Attachment to 2015 Form 5500

# Schedule SB, Line #22 – Description of Weighted Average Retirement Age

Plan Name <u>ELMHURST UNITED MEDICAL</u> , P.C. <u>DEFINED BENEFIT PLAN</u> EIN: <u>26-2524678</u>
Plan Sponsor's Name: <u>ELMHURST UNITED MEDICAL, P.C</u> PN: <u>001</u>
The Weighted Average Retirement Age is equal to the Normal Retirement Age of <u>62</u> .
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age
The weighted average retirement age is assumed to be the plan Normal Retirement Age of 62

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

**Eligibility Requirements** Service/Participation Requirements

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

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

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

Commission only Non-resident alien Hourly employee

**Earnings** 

**Total compensation excluding:** 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal Early Subsidized Early Disability Death

 Age:
 62

 Service:
 0

 Participation:
 5

Defined:

1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

Rates - Male: N/A N/A N/A N/A Rates - Female: N/A N/A N/A

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

Vesting Schedule: 2/20 Pre-retirement death benefit

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

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

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

**Plan Sponsor's EIN:** 26-2524678

Plan Number: 001

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

**Benefits** 

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

**Effective Date:** 01/01/2003

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

First tier: 10.00% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 14
Future years: 6
Total years: 10

**Averaging** 

Projection method:Accrued Benefit AverageApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 8 Include compensations based

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

**Accrual** 

Frozen: No

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

Accrual credit: Continuing Died Disabled Retired Terminated I 1000 0 0 1000 1000 Limit current credit to: N/A

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

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

**Plan Sponsor's EIN:** 26-2524678

Plan Number: 001