Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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		Identification Information				
For calenda	ır plan year 2015 or fi	iscal plan year beginning 01/01/2015	j	and ending 12/3	1/2015	
A This retu	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Fi nployer information in accor	_	
B This retu	rn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 mont	ths)	
C Check b	oox if filing under:	X Form 5558 Special extension (enter description	automatic extension on)		DFVC prog	gram
Part II	Basic Plan Info	prmation—enter all requested inform	 nation			
1a Name	of plan	DEFINED BENEFIT PLAN	iano.i	1	Three-digit plan number (PN) ▶	004
				1	1c Effective date of 01/0	of plan 01/2010
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo ce, country, and ZIP or foreign postal or			Employer Ident (EIN) 65-	tification Number 0907956
	DHABER, MD PA	uctions) 2	2c Sponsor's telep	phone number 734-3636		
395 STATE VELLINGTO	ROAD 7, #350 N, FL 33409			2	2d Business code 621	(see instructions)
3a Plan or	inintentaria noma a	and and drawn on Plan Spanner.		1	Oh Administrator's	TINI
Ja Pian ad	Iministrator's name ai	nd address XSame as Plan Sponsor.		٥	3b Administrator's	EIN
					3c Administrator's	telephone number
		e plan sponsor has changed since the imber from the last return/report.	last return/report filed to	or this plan, enter the	4b EIN	
a Sponso	•			4	4c PN	
5a Total n	umber of participants	s at the beginning of the plan year			5a	2
b Total n	number of participants	s at the end of the plan year			5b	1
		account balances as of the end of the		-	5c	
d(1) Tota	al number of active pa	articipants at the beginning of the plan	/ear		5d(1)	2
d(2) Tota	al number of active pa	articipants at the end of the plan year			5d(2)	1
e Numb than 1	er of participants that 100% vested	terminated employment during the pla	n year with accrued ber	nefits that were less	5e	0
		or incomplete filing of this return/re				
SB or Sche		ther penalties set forth in the instructior and signed by an enrolled actuary, as waplete.				
SIGN	Filed with authorized	/valid electronic signature.	10/13/2016	NEIL GOLDHABER		
HERE	Signature of plan a	administrator	Date	Enter name of individual	l signing as plan ad	ministrator
SIGN	l					

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b Are yo under to If you	all of the plan's assets during the plan year invested in eligib u claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Yes	
C If the p	lan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 4	021)? .		Yes	X No	No	ot dete	rmined
Part III	Financial Information		Г								
	ssets and Liabilities		(a) Beginning					(b) Er	nd of '		
	lan assets	. 7a		747	807					412	
	lan liabilities	. 7b		747	0					440	725
	an assets (subtract line 7b from line 7a)	. 7c	(2) A		807			/1-	\ T - 1 -	412	725
	e, Expenses, and Transfers for this Plan Year outions received or receivable from:		(a) Amou	ınt				d)) Tota	11	
	nployers	. 8a(1)		90	000						
(2) Pa	rticipants	. 8a(2)			0						
(3) Oth	ners (including rollovers)	. 8a(3)			0						
b Other i	ncome (loss)	. 8b		-9	108						
	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								80	892
	s paid (including direct rollovers and insurance premiums ide benefits)	. 8d		412	275						
	deemed and/or corrective distributions (see instructions)	. 8e			0						
f Admini	strative service providers (salaries, fees, commissions)	. 8f		3	8699						
g Other	expenses	. 8g			0						
h Total e	xpenses (add lines 8d, 8e, 8f, and 8g)	. 8h								415	974
i Net inc	ome (loss) (subtract line 8h from line 8c)	. 8i								-335	082
j Transfe	ers to (from) the plan (see instructions)	8j			0						
Part IV	Plan Characteristics										
	plan provides pension benefits, enter the applicable pension 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	ructio	ns:	
	plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instru	uctions	s:	
Part V	Compliance Questions										
	g the plan year:				Yes	No	N/A		Aı	mount	
desc	there a failure to transmit to the plan any participant contriburibed in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction	10a		X					
	there any nonexempt transactions with any party-in-interest					V					
	ted on line 10a.)			10b		X					
	the plan covered by a fidelity bond?			10c		X					
	ne plan have a loss, whether or not reimbursed by the plan's and or dishonesty?			10d		X					
carrie	any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides som an? (See instructions.)	ne or all of	the benefits under	10e		X					
	he plan failed to provide any benefit when due under the pla			10f		Х					
	ne plan have any participant loans? (If "Yes," enter amount a			10g		Χ					
h If this	is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR								
i If 10h	was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h							
	otions to providing the notice applied under 29 CFR 2520.10 ne plan trust incur unrelated business taxable income?			10i		X					
	Pension Funding Compliance			10j	<u> </u>	^		<u> </u>			
11 Is this	a defined benefit plan subject to minimum funding requirem and line 11a below)									X Ye:	s Π No
	the unpaid minimum required contribution for all years from						11a				0
	s a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA?		Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 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)?		Design- based safe ADP/A harbor test method			
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).

2015 This Form is Open to Public

Inspection

OMB No. 1210-0110

File as an attachment to Form 5500 or 5500-SF

			F File as	an attachment to Form	5500 OF 5500-SF.			
For	calendar	r plan year 2015 or fiscal plan	year beginning (01/01/2015	and en	ding 12/3	31/2015	
•	Round o	off amounts to nearest dollar						
•	Caution:	: A penalty of \$1,000 will be as	ssessed for late filing	of this report unless reason	nable cause is establis	shed.	ı	
	lame of p		D DENIEUT DI ANI		B Three-	digit		
NE	IL G. GO	DLDHABER,M.D. P.A. DEFINE	D BENEFII PLAN		plan nu	mber (PN)	•	004
Сг	lan spon	nsor's name as shown on line 2	2a of Form 5500 or 5	500-SF	D Employe	er Identifica	tion Number (E	-IN)
		LDHABER, MD PA				65-090	,	···· •/
Ет	ype of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	n size: X 100 or fewer	101-5	00 More th	an 500
Pa	rt I	Basic Information						
1	Enter th	ne valuation date:	Month	Day 31 Year 2	2015			
2	Assets:	:						
	a Marke	et value				2a		322476
	b Actua	arial value				2b		322476
3	Funding	g target/participant count breal	kdown		(1) Number of		ted Funding	(3) Total Funding
					participants	Т	arget	Target
		etired participants and benefic	3.7			J	0	0
		erminated vested participants.				0	0	0
	C For a	ctive participants				1	315191	315191
	d Total	<u> </u>				1	315191	315191
4	If the pl	lan is in at-risk status, check th	ne box and complete	lines (a) and (b)				
	a Fund	ling target disregarding prescri	bed at-risk assumption	ons		4a		
		ling target reflecting at-risk ass				4b		
		-risk status for fewer than five	•	<u> </u>		_		C 540/
<u>5</u>		ve interest rate				6		6.51% 52532
		normal costy Enrolled Actuary						52552
7	Γo the best of	of my knowledge, the information supplied						
		with applicable law and regulations. In n , offer my best estimate of anticipated ex		nption is reasonable (taking into a	count the experience of the p	an and reasona	able expectations) a	and such other assumptions, in
S	IGN							
	ERE						09/28/20	016
		Sian	ature of actuary				Date	<u> </u>
AAF	ON VEN	NOUZIOU	,				14-022	91
		Type or p	orint name of actuary			Most r	ecent enrollme	
PEN	ICERT, L	LTD	,				630-789	9-0700
	•		Firm name			Telephone		ding area code)
		S AVENUE Γ, IL 60559					,	- /
VVE	I IVION I	i, ic 00009						
		ΔΑ	dress of the firm					
If the	actuary I	has not fully reflected any regu	ulation or ruling prom	ulgated under the statute	n completing this sche	dule, check	the box and s	ee

Page	2	_
ı ayc	_	

Pa	rt II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances						
-							(a) (Carryover balance		(b) F	Prefundi	ng balance
7		J	0 ,		cable adjustments (line 13 f				0			0
8	Portion	elected f	for use to offset pr	ior year's f	unding requirement (line 35	from						
									0			0
9									0			0
10					urn of6.00%				0			0
11	, , , , , , , , , , , , , , , , , , , ,											
	a Present value of excess contributions (line 38a from prior year)											
	Schedule SB, using prior year's effective interest rate of <u>6.73</u> %										0	
	b(2) Ir	nterest or	n line 38b from prio	or year Sch	nedule SB, using prior year's	actual						
					ear to add to prefunding balar							0
												178159
	a Porti	on of (c)	to be added to pre	etunding ba	alance							0
12	Other r	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balanc	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12)			0			0
P	art III	Fun	ding Percenta	ages						1		
14	Fundin	g target a	attainment percent	age							14	102.31 %
			g target attainmen							-	15	108.47 %
16					of determining whether car						16	114.79 %
17		•			s less than 70 percent of the					-	17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls					•		
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N/	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer(s		(0		int paid by ovees
	2/15/201		cmployer	90000	0	(IVIIVI)	-1111)	cripioyer	3)		СПР	oyces
12	-/ 10/201	<u> </u>		30000	U U							
				•		Totals ▶	18(b)		90000	18(c)		0
19	Discou	nted emp	loyer contributions	s – see inst	tructions for small plan with	a valuation o	date after th	ne beginning of the	year:			
	a Cont	ributions	allocated toward	unpaid min	imum required contributions	from prior y	ears		19a			0
	b Cont	ributions	made to avoid res	trictions ac	djusted to valuation date				19b			0
	C Cont	ributions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted	to valuation	n date	19c			90249
20		•	outions and liquidit	•								
	a Did t	he plan h	nave a "funding sh	ortfall" for t	he prior year?							Yes X No
					installments for the current	-	-	manner?				Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	emplete the following table a							
		(1) 19	st		Liquidity shortfall as of e	nd of quarte	r of this pla (3)	n year 3rd	1		(4) 4tl	n
		(1)			(2) 2110		(0)				<i>\'')</i> →u	•

		mptions Used to	Determine F	unding Target and Targe	et Normal Cost				
21	Discount rate								
	a Segment r	ates: 1st s	segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	l curve	used
	b Applicable	month (enter code)				21b			4
22	Weighted ave	rage retirement age				. 22			62
23	Mortality table	e(s) (see instructions)	Pres	cribed - combined X Pre	scribed - separate	Substitute	Э		
Pa	rt VI Misc	ellaneous Items							
24	ū		•	arial assumptions for the current			· · ¬	d Yes	X No
25	Has a metho	I change been made f	for the current plai	n year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the plan re	quired to provide a Sc	hedule of Active F	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27		•	•	r applicable code and see instruc	ctions regarding	27			<u> </u>
Pa	rt VII Rec	onciliation of Un	paid Minimur	n Required Contribution	s For Prior Years				
28	Unpaid minin	um required contribut	ions for all prior ye	ears		. 28			0
29	Discounted e	mployer contributions	allocated toward	unpaid minimum required contrib	utions from prior years	29			0
30	Remaining a	nount of unpaid minim	num required cont	ributions (line 28 minus line 29)		. 30			0
Pa	rt VIII Min	mum Required (Contribution I	For Current Year					
31	Target norma	I cost and excess ass	sets (see instruction	ns):					
	a Target norm	al cost (line 6)				. 31a			52532
	b Excess ass	ets, if applicable, but i	not greater than li	ne 31a		31b			7285
32	Amortization				Outstanding Bala	ance	Installm	nent	
	a Net shortfa	l amortization installm	nent			0			0
	b Waiver am	ortization installment				0			0
33	If a waiver ha			er the date of the ruling letter gran		33			0
34	Total funding	requirement before re	eflecting carryover.	/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			45247
				Carryover balance	Prefunding bala	nce	Total bal	lance	
35		cted for use to offset fu	J	0		0			0
36	Additional ca	sh requirement (line 34	4 minus line 35)			. 36			45247
37				ntribution for current year adjuste		37			90249
38	Present value	of excess contributio	ns for current yea	r (see instructions)					
	a Total (exce	ss, if any, of line 37 ov	ver line 36)			. 38a			45002
	b Portion inc	uded in line 38a attrib	utable to use of pr	efunding and funding standard c	arryover balances	38b			0
39	Unpaid minin	um required contribut	ion for current yea	ar (excess, if any, of line 36 over	line 37)	39			0
40	Unpaid minin	um required contribut	ions for all years			40			0
Pa	rt IX Per	sion Funding R	elief Under Pe	ension Relief Act of 2010	(See Instructions)			
41		vas made to use PRA							
	a Schedule e	ected					2 plus 7 years	15 y	ears
	b Eligible pla	n year(s) for which the	e election in line 4	la was made		2008	2009 2010) [2	2011
42	Amount of ac	celeration adjustment				42	<u> </u>		
				over to future plan years		43			

Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	omplete all entries in accorda	nce with the instru	ctions to the Form 5500	-SF.	mor	CCCOTT
Part I Annual Report Identifi						
For calendar plan year 2015 or fiscal plan y		01/01/2015	and ending	12/31	/2015	
A This return/report is for:	e-participant plan		an (not multiemployer) (F mployer information in ac			
H			m/report (less than 12 mg	inthe)		
Шапа	mended return/report a	Short plan year retui	Threport (less than 12 mc			
	n 5558 au ial extension (enter description)	utomatic extension		DF	VC program	
Lu ·	n enter all requested informa	-A!				
1a Name of plan	II enter all requested informa	ation		1b Three	e-digit	
Neil G. Goldhaber, M.D. P.	A Defined Benefit P'	lan		plan	number	004
Neil G. Goldhabel, M.D. 1.	n. Derried Delierro	- 411	-	(PN)	tive date of p	004
					nive date of p 01/2010	nari
2a Plan sponsor's name (employer, if for Mailing Address (include room, apt., s		2b Empl		ation Number		
City or town, state or province, country	y, and ZIP or foreign postal code	e (if foreign, see insti	ructions)	2c Spon	nsor's telepho	ne number
Neil G Goldhaber, MD PA					1) 734-36	
					,	ee instructions)
1395 State Road 7, #350				621	111	
US Wellington FL 33409						
3a Plan administrator's name and addres	SS X Same as Plan Sponsor N	Name		3b Admi	inistrator's El	N
				3c Admi	inistrator's tel	ephone number
				Ab en		
4 If the name and/or EIN of the plan sponame, EIN, and the plan number from		t return/report filed to	or this plan, enter the	4b EIN		
a Sponsor's name	The last retains report.			4c PN		
5a Total number of participants at the beg	ginning of the plan year			5a		2
b Total number of participants at the end			1	5b		1
C Number of participants with account b						
complete this item)				5c		
d(1) Total number of active participants a	at the beginning of the plan year	***************************************	***************************************	5d(1)		2
d(2) Total number of active participants a	at the end of the plan year		***************************************	5d(2)		1
Number of participants that terminated						
e less than 100% vested		******************************	***************************************	5e	nggagthaning ann an deugry roughbach an dribban	0
Caution: A penalty for the late or incom	nplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is estab	lished.	
Under penalties of perjury and other pena	Ilties set forth in the instructions,	I declare that I have	examined this return/rep	ort, includir	ng, if applicat	ole, a Schedule
SB or Schedule MB completed and signed	d by an enrolled actuary, as well	as the electronic ve	rsion of this return/report,	and to the	best of my k	nowledge and
belief, it is true, dorrect and complete		10-10-11/	T			
SIGN JUN GULLEN		10/13/16	Neil Goldhaber			
HERE Signature of plan administrato	or .	Date	Enter name of individual	signing as	plan adminis	strator
SIGN / pul (plulul)		10/3/16	Neil Goldhaber			
HERE Signature of employer/plan sp	onsor	Date	Enter name of individual	l signing as	employer or	plan sponsor
Preparer's name (including firm name, if a	applicable) and address; include	room or suite number	er	Preparer's	telephone no	umber

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	•••••			•••••	•••••	X Ye	s No	
_	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.) ************************************					•••••	X Ye	s No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forn	n 5500-SF and must inst			_					
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	1 402	1)? .	••••••	Yes	X No	∐ Not	t determined	
_	rt III Financial Information								41/		
	Plan Assets and Liabilities	_	(a) Beginning of			+		(b) End		2,725	
	b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 747,807										
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount	7,0	<u> </u>			(b) T		2,725	
	Contributions received or receivable from:	- 40	` ` `		^^						
	(1) Employers	8a(1)	9	0,0	0						
	(2) Participants(3) Others (including rollovers)	8a(2) 8a(3)			0						
b	Other income (loss)	8b	(9	,10	8)						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8	0,892	
	Benefits paid (including direct rollovers and insurance premiums	04	41	2,2	75						
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e		2,2	0						
_	Administrative service providers (salaries, fees, commissions)	8f		3,6							
	Other expenses	8g			0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							41	5,974	
i	Net income (loss) (subtract line 8h from line 8c)	8i							(335	,082)	
	Transfers to (from) the plan (see instructions)	8j			0						
$\overline{}$	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	es in the	e instructi	ons:		
+	1A 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ns:		
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а		ions within	the time period							<u> </u>	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction								
	Program)			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x					
С	Was the plan covered by a fidelity bond?	••••••	••••••	10c		х					
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		x					
е	,			100							
·	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under								
_	the plan? (See instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as		·	10g		х					
h 	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h							
i	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										
j	Did the plan trust incur unrelated business taxable income?	••••••	······	10j		х					
Pai	t VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								x	Yes ☐ No	
118	Enter the unpaid minimum required contribution for current year from the contribution for current year.				•••••		11a			0	
12	Is this a defined contribution plan subject to the minimum funding r	requiremer	nts of section 412 of the Co	ode o	r sect	ion 30)2 of El	RISA?		Yes X No	

Form 5500-SF 2015 Page	3		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver.			f the letter ruling ear
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sl			<u> </u>
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	0	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		 	□ No □ N/A
Part VII Plan Terminations and Transfers of Assets	•••••••••••••••••••	····· <u> </u>	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No.
	••••••	13a	110
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plof the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.))	
13c(1) Name of plan(s):	13	c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information		_	
14a Name of trust		14b Trust's EI	N
14c Name of trustee or custodian		14d Trustee o	
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	••••••	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee of matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	deferrals and employer	Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "creating method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2) 2(a)(2)(ii))?	(ii) and 1.401(m)-	Yes	☐ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements	under section 410(b):	Ratio Percentage Test	Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a this plan with any other plans under the permissive aggregation rules?	a)(4) by combining	☐ Yes	☐ No
17a Has the Plan been timely amended for all required law changes?	***************************************	Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted instructions for tax law changes and codes).	//Enter tl	ne applicable cod	e (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume subr		o a favorable IRS	opinion or
advisory letter, enter the date of that favorable letter / / and the letter 17d If the plan is an individually-designed plan and recieved a favorable determination letter from determination letter / /	r's serial number. n IRS, please enter the dat	e of plan's last fa	vorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the		☐ Yes	☐ No
19 Were in-service distributions made during the plan year?	•••••••••••••••••	Yes	☐ No
If Yes, enter amount	······	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (reganot retired) as required under section 401(a)(9)?		Yes	□ No □ N/A

SCHEDULE SB (Form 5500)

Department of Labor Employee Benefits Security Administration 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).

2015

This Form is Open to Public

OMB No. 1210-0110

Inspection Pension Benefit Guaranty Corporation 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 Neil G Goldhaber, MD PA Defined Benefit Plan plan number (PN) 004 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) Neil G Goldhaber, MD PA 65-0907956 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I **Basic Information** 2015 Enter the valuation date: 12 Month 31 Day Year Assets: 322,476 2a **b** Actuarial value 322,476 Funding target/participant count breakdown: (3) Total Funding (1) Number of (2) Vested Funding participants Target Target 0 0 0 a For retired participants and beneficiaries receiving payment 0 0 0 **b** For terminated vested participants 1 315,191 315,191 C For active participants 315.191 315,191 ************************************** 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 6.51 % Target normal cost 52,532 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 presribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reesonable (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 09/28/2016 Signature of actuary Date Aaron Venouzi ou 14-02291 Type or print name of actuary Most recent enrollment number Pencert, LTD (630) 789-0700 Firm name Telephone number (including area code) 735 N. Cass Avenue US Westmont 60559 IL Address of the firm

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

Page 2

Pa	rt II Beg	ginning of Year	Carryov	er and Prefunding Bal	ances							
				· · · · · · · · · · · · · · · · · · ·		(a)	Carryover balance		(b) F	refundi	ng balance	
7	Balance at be year)	eginning of prior yea	r after appl	icable adjustments (line 13 fro	m prior			0			0	
8		,		funding requirement (line 35 f				0			0	
9	Amount rema	aining (line 7 minus l	ine 8)					0			0	
10	Interest on lin	ne 9 using prior year	's actual re	turn of6.00%				0				
11				d to prefunding balance:		219) (22: 0-10-1					eastein – markatariam makan Santaria	
	a Present va	alue of excess contri	ibutions (lin	ne 38a from prior year)					178,159			
				88a over line 38b from prior ye		agad seeres						
	Schedu	ule SB, using prior y	ear's effect	ive interest rate of 6.73	%							
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual												
				······			NAME OF BUILDING				0	
	C Total avail	lable at beginning of	current pla	en vaar to add to profunding b	olanco						178,159	
	C Total available at beginning of current plan year to add to prefunding balance . d Portion of (c) to be added to prefunding balance										170,139	
12				s or deemed elections	····			0				
				+ line 10 + line 11d - line 12) .				0			0	
	0,000,000,000,000,000			· mie io · mie ita - mie (2) .	*******	<u> </u>		U				
	and the second	unding Percent	_=									
										14	102.31 %	
				ge						15	108.47 %	
10	current year's	unding percentage to s funding requiremen	or purposes	s of determining whether carry	over/pref	unding bala	ances may be used t	to redu	ce	16	114.79 %	
_17	If the current	value of the assets	of the plan	is less than 70 percent of the	funding t	arget, enter	such percentage			17	%	
Pa	irt IV C	ontributions an	d Liquid	lity Shortfalls								
18	Contributions	made to the plan fo	or the plan	year by employer(s) and empl	oyees:							
	(a) Date	(b) Amount p	aid by	(c) Amount paid by	(a	ı) Date	(b) Amount p				unt paid by	
	M-DD-YYYY) /15/2015	employer(employees	(MM-L	Ď-YYYY)	employer	'(s)		emp	loyees	
	15/2015		90,000									
											.	
												
				.								
11.5000000			no Appromissas a companyonesso a	and the first and the second of the second o						_		
					Totals				₀₀ 18(c)	<u>'</u>	0	
19	Discounted e	mployer contribution	ns see ins	structions for small plan with a	valuatio	n date after	the beginning of the	year:				
	a Contribution	ons allocated toward	unpaid mir	nimum required contributions	from prio	ryears		19a			0	
	b Contribution	ons made to avoid re	estrictions a	idjusted to valuation date		••••••		19b			0	
				required contribution for curre	nt year ac	djusted to v	aluation date	19c			90,249	
20	Quarterly cor	ntributions and liquid	ity shortfall	s:								
	a Did the pla	an have a "funding s	hortfall" for	the prior year?		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	[Yes 🗓 No	
	b If line 20a	is "Yes," were requi	red quarter	ly installments for the current	year mad	e in a timel	y manner?		• • • • • • • • • • • • • • • • • • • •	<u> </u>	Yes No	
	C If line 20a	is "Yes," see instruc	tions and c	complete the following table as					904-240-250-0450 904-240-250-0450	-14 (80 (86)		
<u></u>	/41	104	<u> </u>	Liquidity shortfall as of end	of quarte							
	(1)	1st		(2) 2nd		(3)	3rd	<u></u>	. ((4) 4t	<u>h</u>	
			L									

Pa	art V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, fuil yield curve used	
	b Applicable month	(enter code)			21b	4	
22	Weighted average re	etirement age			22	62	
23	Mortality table(s) (see	e instructions)	escribed - combined X Pre	scribed - separate	Substitu	ite	
Pa	rt VI Miscellane	ous items					
24			tuarial assumptions for the current			ns regarding required Yes X No	
25						Yes X No	
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	l attachme	nt Yes X No	
27			ter applicable code and see instru		27		
Pa			ım Required Contribution				
28			years		28	0	
29	Discounted employe	r contributions allocated toward	d unpaid minimum required contrib	outions from prior years	29	0	
_30			ntributions (line 28 minus line 29)		30	0	
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost a	ind excess assets (see instruct	ions):				
					31a	52,532	
			line 31a		31b	7,285	
32	Amortization installm			Outstanding Bala	ance	Installment	
	a Net shortfall amort	ization installment	• • • • • • • • • • • • • • • • • • • •		0	0	
b Waiver amortization 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						0	
34			/prefunding balances (lines 31a - 3		34	45,247	
	3 - 1		Carryover balance	Prefunding Bala	L		
35	Balances elected for	uee to offeet funding	· · · · · · · · · · · · · · · · · · ·				
•		· · · · · · · · · · · · · · · · · ·	0		0	0	
36	Additional cash requi	irement (line 34 minus line 35)			36	45,247	
	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37	90,249	
38		ess contributions for current ye			I		
					38a	45,002	
	 a Total (excess, if any, of line 37 over line 36) b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 				38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0		
40			3		40	0	
17 Jan 2 July 2003	CSC000 4 9 6 70 2 4 5 0 6 C.		Pension Relief Act of 2010)		
41	If an election was made	de to use PRA 2010 funding re	lief for this plan:	, , , , , , , , , , , , , , , , , , , ,			
****	a Schedule elected						
	b Eligible plan year(s) for which the election in line 41a was made						
42	42 Amount of acceleration adjustment						
	43 Excess installment acceleration amount to be carried over to future plan years						
						<u> </u>	

Schedule SB, Part V Summary of Plan Provisions

Neil Goldhaber, MD PA Defined Benefit Plan 65-0907956 / 004

For the plan year 01/01/2015 through 12/31/2015

Employer: Neil Goldhaber, MD PA Defined Benefit Plan

Type of Entity - C-Corporation

EIN: 65-0907956 TIN: 65-0907956 Plan #: 004 Plan Type: Defined Benefit

Dates: Effective - 01/01/2010 Year end - 12/31/2015 Valuation - 12/31/2015

Top Heavy Years - 2011, 2012, 2013, 2014, 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 0 Vesting - 1000

Plan Entry - Anniversary date nearest eligibility satisfaction

Retirement: Normal - Anniversary date nearest attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula

A not less than 5% of average monthly compensation per year of service limited to

24 year(s)

B not less than 4.8% of average monthly compensation per year of service limited

to 24 year(s)

Accrued Benefit - Unit credit based on service. Service prior to 01/01/2009 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum:0% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 0, 5, 10, 15 or 20 Years

Annuity Guaranteed for 0 Years

Joint with 0%, 50%, 66.67%, 75% or 100% Survivor Benefit

Schedule SB, Part V Summary of Plan Provisions

Neil Goldhaber, MD PA Defined Benefit Plan 65-0907956 / 004

For the plan year 01/01/2015 through 12/31/2015

Vesting Schedule:	Years	Percent
	0-1	0%
	2	20%
	3	40%
	4	60%
	5	80%

Service is calculated using all years of service except years prior to plan effective date and age 18

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

100%

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 6%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Neil Goldhaber, MD PA Defined Benefit Plan 65-0907956 / 004

For the plan year 01/01/2015 through 12/31/2015

Valuation Date: 12/31/2015

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.32
Segment 2	6 - 20	4.06
Segment 3	> 20	5.09

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment #	Year	Rate %
Segment 1	0 - 5	4.72
Segment 2	6 - 20	6.11
Segment 3	> 20	6.81

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 15A - 2015 Annuitant - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

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

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

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

Neil Goldhaber, MD PA Defined Benefit Plan 65-0907956 / 004 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Neil Goldhaber, MD PA Defined Benefit Plan 65-0907956 / 004

For the plan year 01/01/2015 through 12/31/2015 Valuation Date: 12/31/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	12/15/2015	\$90,000					
Applied to Additional Contribution	12/31/2015	44,878	45,002	0	0	6.51	0
Applied to MRC	12/31/2015	45,122	45,247	0	0	6.51	0
Totals for Deposited Contribution		\$90,000	\$90,249	\$0	\$0		