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

2016

This Form is Open to Public Inspection

Part I		t Identification Information										
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/201	6	and ending 12	2/31/2016							
A This re	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (aployer information in ac		-						
	.ч. пород по пол	a one-participant plan	a foreign plan	, ,,			,					
B This ret	urn/report is	the first return/report	the final return/report									
C 01 1		an amended return/report	→	n/report (less than 12 m	_							
C Check	box if filing under:	Form 5558 special extension (enter descript	automatic extension DFVC program									
Part II	Rasic Plan Inf	ormation—enter all requested infor	,									
1a Name		Cimation—enter all requested infor	mation		1b Three-	digit						
		NTS, PC DEFINED BENEFIT P NSION	J PLAN AND TRUST			umber						
					(PN)		002					
					1c Effecti	ve date of 01/01/	•					
		loyer, if for a single-employer plan)			2b Emplo		cation Number					
City or	town, state or provin	om, apt., suite no. and street, or P.O. Ince, country, and ZIP or foreign postal		ructions)	(EIN) 2c Spons	20-19: or's teleph	one number					
PALLIATIVE	CARE CONSULTAN	115, PC				518-378-	5586					
33 PELLS R					20 Busine		ee instructions)					
RHINEBECK						62111	1					
3a Plan a	dministrator's name a	and address 🗵 Same as Plan Sponso	or.		3b Admin	istrator's E	IN					
					3c Admin	istrator's te	elephone number					
		he plan sponsor has changed since the umber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN							
	or's name				4c PN							
_		ts at the beginning of the plan year ts at the end of the plan year			5a 5b							
		h account balances as of the end of the			5c							
		participants at the beginning of the plan participants at the end of the plan year.			5d(1) 5d(2)							
		at terminated employment during the p										
than	100% vested				5e	7-1 I						
		e or incomplete filing of this return/r other penalties set forth in the instruction					able a Schedule					
SB or Sche		and signed by an enrolled actuary, as										
SIGN		d/valid electronic signature.	06/03/2017	JACK G. KEENE								
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator								
SIGN												

Date

Signature of employer/plan sponsor

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

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section Part III Financial Information	ion 40	021)?		Yes	× No	∐ No	ot deterr	nined			
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Time (a) Beginning of Time (b) Financial Information	Voor				(b) En	d of Ye	or.				
	7379				(D) EII		99000				
b Total plan liabilities	0				0						
	7379					3	99000				
8 Income, Expenses, and Transfers for this Plan Year (a) Amount					(b)	Total					
a Contributions received or receivable from:	4722										
(1) Employers oa(1)											
(2) Participants	0	_									
(3) Others (including rollovers) 8a(3)	6899										
b due induie (ios)	.0000						51621				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							31021				
to provide benefits)	0										
e Certain deemed and/or corrective distributions (see instructions).	0										
f Administrative service providers (salaries, fees, commissions) 8f	0										
g Other expenses	0										
h Total expenses (add lines 8d, 8e, 8f, and 8g)							0				
i Net income (loss) (subtract line 8h from line 8c)							51621				
j Transfers to (from) the plan (see instructions)	0										
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 1A 3B 3D 3H	Char	acteri	stic Co	odes ir	n the in	structio	ns:				
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	Chara	cterist	tic Cod	des in	the inst	tructions	3:				
Part V Compliance Questions											
10 During the plan year:		Yes	No	N/A		Am	ount				
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction			X								
Program)	10a		^								
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X								
C Was the plan covered by a fidelity bond?	10c	X						160000			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X								
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х								
f Has the plan failed to provide any benefit when due under the plan?	10f		X								
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X								
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X								
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i										

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)		12d				
		he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	x N	0	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?				Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)) PN(s)		
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [] "Prior ye test	ear" ADP
			- □ □ □	Curre ADP t	ent year est	"	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🔲	Ratio perce test	entage		verage enefit test	N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

	Pension ber	lent Guaranty Corporation	File as an a	ttachment to Form	5500 or 5	5500-SF.			
For	calendar p	lan year 2016 or fiscal pl	lan year beginning 01/01/2	2016		and ending	g 12/3	1/2016	
		amounts to nearest do							
) (Caution: A	penalty of \$1,000 will be	e assessed for late filing of this	report unless reasor	nable caus	se is established	d		
	lame of pla		S, PC DEFINED BENEFIT P NS	SION PLAN AND TR	RUST	B Three-dig plan num	•) •	002
		or's name as shown on lin	ne 2a of Form 5500 or 5500-SF S, PC			D Employer	Identifica 20-195	ation Number (E	EIN)
E T	ype of plan:	: X Single Multiple	e-A Multiple-B	F Prior year pla	an size: X	100 or fewer	101-	500 More th	an 500
Pa	art I	Basic Information							
1	Enter the	valuation date:	Month Day	31 Year <u>20</u>	016				
2	Assets:								
	a Market	value					2a		374278
	b Actuari	al value					2b		374278
3	Funding t	arget/participant count b	reakdown		` '	lumber of ticipants		sted Funding Target	(3) Total Funding Target
	a For reti	red participants and bene	eficiaries receiving payment			0		0	(
	b For ten	minated vested participar	nts			1		7863	7863
						3		365737	365737
	d Total					4		373600	373600
4	If the plar	n is in at-risk status, chec	k the box and complete lines (a	a) and (b)		1			
	a Funding	g target disregarding pre	scribed at-risk assumptions			- 	4a		
			assumptions, but disregarding t						
5				-			5		5.88%
6	Target no	ormal cost					6		0
a o	o the best of raccordance with combination, of SIGN		upplied in this schedule and accompanying In my opinion, each other assumption is r ad experience under the plan.						
Н	IERE					_		09/14/201	7
		5	Signature of actuary					Date	
M.	. FRANK, F	·				_		17-02440	
		,,	or print name of actuary				Most r	ecent enrollme	
MI	ICHAEL FF	RANK CONSULTING AC				_		212-567-14	
		STREET, APT 5-B NY 10040	Firm name Address of the firm			Te -	lephone	number (includ	ing area code)

instructions

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	_	1
uu			

Pa	art II	Beair	ning of Year	Carrvov	er and Prefunding Ba	lances								
			3	, ,	<u> </u>			(a) C	arryover balar	nce	(b) Prefund	ding	balance
7		Ū	0 , ,		able adjustments (line 13 fro	•				0				0
8			•	-	nding requirement (line 35 fr	•				0				0
9	Amount	remainin	g (line 7 minus line	e 8)					0 0				0	
10	Interest	on line 9	using prior year's	actual retu	rn of%					0				0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	of excess contribut	ions (line 3	38a from prior year)									1821
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.11 %											0			
	b(2) Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ictual								
					or to add to profunding balance									0
	_			, ,	ar to add to prefunding balance									1821
	d Portio	n of (c) to	be added to pref	unding bala	ance									0
12	Other re	ductions i	in balances due to	elections	or deemed elections					0				0
13	Balance	at beginr	ning of current yea	ır (line 9 +	line 10 + line 11d – line 12) .					0				0
Р	Part III Funding Percentages													
14	Funding	target att	ainment percenta	ge								14		100.18%
15	15 Adjusted funding target attainment percentage													
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement													
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the f	unding targ	get, e	enter suc	ch percentage.			17		%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18					ar by employer(s) and emplo				T					
(1)	(a) Dat∂ MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) (MM-DI	Date		(b) Amour emplo		(c) Amount paid by employees			
	9/05/2017		5p.ioy 6	24722	ep.eyeee	(,	Sp.10	<i>y</i> c. (c)		0,	<u>,</u>	
						Totals ▶	•	18(b)		24	722 18((c)		
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation d	ate	after the	beginning of t	he year	-			
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions f	rom prior ye	ears			. 19a	1			0
	b Contri	butions m	nade to avoid restr	rictions adj	usted to valuation date					19k)			0
	C Contril	outions all	ocated toward min	imum requi	red contribution for current year	ar adjusted	to va	aluation d	ate	190	;			23780
20			itions and liquidity											
	a Did th	e plan ha	ive a "funding sho	rtfall" for th	e prior year?							[] '	Yes X No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?													
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as									
		/A\ A-	+		Liquidity shortfall as of end	l of quarter	of t			1		/A\ A	+h	
		(1) 1s	ι		(2) 2nd			(3)	3rd	+		(4) 4	th	

P	art V	Assumpti	ons Used to Determine	e Funding Target and Targ	get Normal Cost							
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment: 6.65 %	ı	N/A, full yield curve used					
	b Applic	able month (er	nter code)			21b	4					
22	Weighted	d average retir	ement age			22	65					
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined Preso	cribed - separate	Substitu	ute					
Pa	art VI	Miscellane	ous Items									
				arial assumptions for the current p	lan vear? If "Yes " see ii	nstruction	s regarding required					
		-			-							
25	Has a me	ethod change	heen made for the current place	n year? If "Yes," see instructions r	egarding required attach	ment						
26				Participants? If "Yes," see instruction		ittacnmen	t Yes X No					
27				r applicable code and see instructi		27						
P	art VII			um Required Contribution								
28				ears		28	0					
29	Discount	ed employer c	ontributions allocated toward	unpaid minimum required contribut	tions from prior years	29						
30	`			ributions (line 28 minus line 29)		30	0					
	Part VIII Minimum Required Contribution For Current Year											
	31 Target normal cost and excess assets (see instructions):											
	a Target normal cost (line 6)											
		· · · · · · · · · · · · · · · · · · ·		ne 31a		31b	0					
32		tion installmer			Outstanding Bala		Installment					
	a Net she	ortfall amortiza	ation installment			0 0						
	b Waive	amortization	installment			0	0					
33				er the date of the ruling letter grant) and the waived amount		33						
34				/prefunding balances (lines 31a - 3		34	0					
		3 - 1	<u> </u>	Carryover balance	Prefunding balar	nce	Total balance					
35	Polonoos	alastad for us	se to offset funding	, , , , , , , , , , , , , , , , , , , ,	3 444							
33				0		0	0					
36	Additiona	al cash require	ment (line 34 minus line 35)			36	0					
37				ntribution for current year adjusted		37	23780					
38	Present	alue of exces	s contributions for current yea	r (see instructions)								
	a Total (e	excess, if any,	of line 37 over line 36)			38a	23780					
	b Portion	included in lir	ne 38a attributable to use of pr	refunding and funding standard ca	rryover balances	38b	0					
39	Unpaid n	ninimum requi	red contribution for current yea	ar (excess, if any, of line 36 over line	ne 37)	39	0					
40	Unpaid n	ninimum requi	red contributions for all years.			40	0					
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)						
41	If an elec	tion was made	e to use PRA 2010 funding reli	ef for this plan:								
	a Schedu	ule elected					2 plus 7 years 15 years					
	b Eligible	plan year(s) f	for which the election in line 4	1a was made		20	08 2009 2010 2011					
42	Amount o	of acceleration	adjustment			42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43						

Palliative Care Consultants PC Defined Benefit Pension Plan and Trust 12/31/2016 20-1958017 / 002

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE ATTAINED Up to 10 to 15 to 20 to 25 to 30 to 40 & 35 to <u>AGE</u> 2 to 4 5 to 9 up Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69 Grand 70 & up Total Total

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

Plan Name: Palliative Care Consultants PC Defined Benefit Pension Plan and Trust

EIN / PN: 20-1958017 / 002

Year: 2016

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:

Palliative Care Consultants PC Defined Benefit Pension Plan and Trust

EIN / PN:

20-1958017 / 002

Year:

2016

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 #17-02440

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

2016

This Form is Open to Public Inspection

Part I		Identification Information					•					
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/201	16			and ending 12/	31/2016					
A		X a single-employer plan				n (not multiemployer)		_				
A This ret	urn/report is for:	a one-participant plan		ıt particip: eign plan	-	ployer information in a	ccordance w	ith the fom	n instructions.)			
		П с ене раниерани риан		eign plan								
B This retu	ırn/report is	the first return/report	The fin	nal return	/report							
	, roport io	an amended return/report	=			/report (less than 12 m	nonths)					
.				re plant yo	a. rotarr	proport (1000 than 12 h	_					
C Check t	oox if filing under:	Form 5558	autor	natic exte	ension		DFVC p	rogram				
		special extension (enter descr	· · ·									
Part II	Basic Plan Info	ermation—enter all requested inf	formation									
1a Name	•						1b Three					
PALLIATIVE	CARE CONSULTAN	TS, PC DEFINED BENEFIT P NSI	ON PLAN	AND TR	UST		plan (PN)	number	002			
							_ ` '		f nlan			
	1c Effective date of plan 01/01/2013											
2a Plan sp	ponsor's name (emplo	oyer, if for a single-employer plan)					2b Empl	oyer Identif	fication Number			
		m, apt., suite no. and street, or P.O		fanaina .		untin and		20-19580°				
	CARE CONSULTAN	ce, country, and ZIP or foreign posta	ai code (if	toreign, s	see instri	uctions)	2c Spor	sor's telep	hone number			
								, , , ,	378-5586			
					see instructions)							
33 PELLS R	OAD						6211	11				
RHINEBECK	(, NY 12572											
3a Plan ad	3a Plan administrator's name and address K Same as Plan Sponsor.								EIN			
							3C Admi	nistrator's t	elephone number			
4 If the n	ama and/an FINI of th	a alan an anna han ahan and aina a	the lest se	4	of file of fe	a this also south a	Als must					
		e plan sponsor has changed since to mber from the last return/report.	the last re	turn/repo	rt illed id	ir this plan, enter the	4b EIN					
a Sponso							4c PN					
5a Total r	number of participants	at the beginning of the plan year					. 5a		4			
b Total r	number of participants	at the end of the plan year					5b		4			
		account balances as of the end of t					5c					
compl	ete this item)											
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year				5d(1)		4			
, ,	•	articipants at the end of the plan yea					5d(2)		4			
		terminated employment during the					5e		0			
Caution: A	100% vested	or incomplete filing of this return	n/report w	ill be as	sessed	unless reasonable ca	use is estat	olished.				
Under pena	alties of perjury and of	her penalties set forth in the instruc	ctions, I de	clare tha	t I have	examined this return/re	port, includi	ng, if applic				
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	as well as t	the electr	onic ver	sion of this return/repo	rt, and to the	best of my	knowledge and			
	nde, correct, and com	17		6 63	2017	Jack G. Keene						
SIGN HERE	1800	leene			POIT							
	Signature of plan a	idministrator	D	ate		Enter name of individ	dual signing	as plan adr	ninistrator			
SIGN HERE												
	Signature of emplo			ate		Enter name of individ						
Preparer's	name (including firm r	name, if applicable) and address (in	nciuae rooi	m or suite	e numbe	r)	Preparer's	telephone	number			

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). 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 and conditions.)											
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not determined			
7	Plan Assets and Liabilities		(a) Reginning	of Voor				(b) End of	Voor			
<u>'</u>	Total plan assets	7a	(a) Beginning	34737				(b) Ella ol	399000			
b	Total plan liabilities	7b		0 0.	0				0			
	Net plan assets (subtract line 7b from line 7a)	7c		34737	_				399000			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Tota				
a	Contributions received or receivable from:		(4) 7 4110 411					(3) : 0 :				
	(1) Employers	8a(1)		2472	_							
	(2) Participants	8a(2)			0							
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b		2689	99							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							51621			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0							
	Certain deemed and/or corrective distributions (see instructions)	8e			0							
	Administrative service providers (salaries, fees, commissions)	8f			0							
_ <u>'</u>	Other expenses	8g		0								
	Total expenses (add lines 8d, 8e, 8f, and 8g)								0			
-	Net income (loss) (subtract line 8h from line 8c)								51621			
÷	Transfers to (from) the plan (see instructions)				0				01021			
Pa	rt IV Plan Characteristics	8j	1		<u> </u>							
	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in	the instruc	tions:			
b	1A 3B 3D 3H If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in t	he instructi	ons:			
D	4 V Compliance Overtices											
Pai					V	N.	NI/A					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtiana ıvith	in the time neried		Yes	No	N/A		Amount			
а	described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	oluntary F	Fiduciary Correction	10a		×						
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х						
				10c	Х				160000			
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)											
f	Has the plan failed to provide any benefit when due under the pla	10f		Х								
9	Did the plan have any participant loans? (If "Yes," enter amount a	10g		Х								
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)											
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i								

Part		Pension Funding Compliance							
11	Is this (Form	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are defined by the constructions and constructions are defined by the constructions are defined by the construction of the c	omple	te Sch	edule SI	B 	×	Yes	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12	ERIS	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes	X No
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ing the waiver	onth _	ns, and	d enter t Day		of the le Yea		ing
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	b Enter the minimum required contribution for this plan year								
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)			12d				
<u>e</u>	Will tl	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		V/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough			Yes X No			0	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifinassets or liabilities were transferred. (See instructions.)	y the	plan(s) to				
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		130	(3) PN	l(s)
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Γrust's ∣	EIN		
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
15D How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: safe					gn-based "Prior year" ADP test			ADP	
				ADP 1	ent year' test		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	t [N/A
16b		e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) applan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of	pinio	n lette	r or advi	sory let	ter, enter	the da	ate of
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter th	e date	of the m	ost rec	ent deter	minatio	on
18	Define Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		from	Yes	6	No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	5	No		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or tiscal plan year beginning 01/01/2016	and endir	ig 121	31/2010			
 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason 	nahla causa is estahlishe	d				
A Name of plan PALLIATIVE CARE CONSULTANTS, PC DEFINED BENEFIT P NSION PLAN AND TR	B Three-di					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PALLIATIVE CARE CONSULTANTS, PC	D Employer 20-1958017	Identifica	ation Number (E	IN)		
E Type of plan: X Single	an size: X 100 or fewer	101-	500 More th	an 500		
Part I Basic Information						
1 Enter the valuation date: Month 12 Day 31 Year 26	016			-		
2 Assets:				end discount		
a Market value	,.,	. 2a		374278		
b Actuarial value		. 2b		374278		
3 Funding target/participant count breakdown	(1) Number of participants	, ,	sted Funding Target	(3) Total Funding Target		
a For retired participants and beneficiaries receiving payment	. 0		0	0		
b For terminated vested participants	. 1		7863	7863		
C For active participants	. 3		365737	365737		
d Total	. 4		373600			
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)						
a Funding target disregarding prescribed at-risk assumptions		4a				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plastatus for fewer than five consecutive years and disregarding loading factor	ans that have been in at-					
5 Effective interest rate		5		5.88 %		
6 Target normal cost		6		0		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	nd attachments, if any, is comple count the experience of the plan	te and accur and reasona	ate. Each prescribed ble expectations) and	assumption was applied in d such other assumptions, in		
HERE Mishal Frak		91	14/17			
Signature of actuary			Date			
M. Frank, FSA, EA			17-02440			
Type or print name of actuary		Most r	ecent enrollmer	nt number		
Michael Frank Consulting Actuary			(212) 567-146	64		
Firm name 100 Arden Street. Apt 5-B	Т	elephone	number (includ	ing area code)		
New York, NY 10040 Address of the firm						
f the actuary has not fully reflected any regulation or ruling promulgated under the statute in natructions	n completing this schedu	le, check	the box and see	e []		

Page	2	-1	Г

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alance	S						
	•						(a) C	Carryover baland	e	(b)	Prefundi	ng balance	
7		•	0 , ,		able adjustments (line 13 fro			. 0				0	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)						0						
9									0				
10			, ,	,	rn of				0		0		
11					to prefunding balance:								
	•				88a from prior year)							1821	
	b(1) Into	erest on t hedule SE	he excess, if any, 3, using prior year	of line 38a	a over line 38b from prior ye interest rate of6.11	ar %							
	` '		•	•	edule SB, using prior year's							0	
	c Total a	vailable at	t beginning of curre	ent plan yea	ar to add to prefunding baland	æ						1821	
	d Portion	n of (c) to	be added to pref	unding bala	ance							0	
12	Other red	ductions i	n balances due to	elections	or deemed elections				0		0		
13	Balance	at beginn	ing of current yea	r (line 9 + l	line 10 + line 11d – line 12)				0		0		
Р	art III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge							. 14	100.18 %	
15	Adjusted	funding t	arget attainment	percentage)							100.18 %	
16							er/prefunding balances may be used to reduce current 16 117.40 %						
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage							%					
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18				· ·	ar by employer(s) and empl								
(1)	(a) Date MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees		(a) Date -DD-YYYY)	(b) Amount employe		(c) Amount paid by employees			
	9-05-201		5p.cy 6.	24722	op.oyeee	(22,	Sp.oy.	J. (0)		отпр.:	-	
						Totals	► 18(b)	18(b) 24722					
19	Discount	ed emplo	yer contributions	– see instru	uctions for small plan with a	valuatio	n date after the	beginning of the	e year:			•	
	a Contri	butions al	llocated toward ur	npaid minin	num required contributions	from pric	r years		19a			0	
b Contributions made to avoid restrictions adjusted to valuation date							(
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date									23780				
20	Quarterly	/ contribu	tions and liquidity	shortfalls:									
	a Did the	e plan ha	ve a "funding sho	rtfall" for the	e prior year?							Yes X No	
	b If line	20a is "Y	es," were required	l quarterly i	installments for the current	year mad	de in a timely m	anner?				Yes No	
	C If line	20a is "Ye	es," see instructio	ns and con	nplete the following table as	applical	ole:					_	
		(4)			Liquidity shortfall as of end of quarter of this plan year				(1)				
		(1) 1st	1		(2) 2nd		(3)	3rd			(4) 4th		
						1			1				

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost					
21	Discount	rate:								
	a Segme	ent rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used			
	b Applica	able month (er	nter code)			21b	4			
22	Weighted	average retire	ement age			22	65			
23	Mortality	table(s) (see	instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	ute			
Pa	art VI	Miscellane	ous Items	-	-					
24		· ·	·	arial assumptions for the current p	•		· · ·			
25	Has a me	thod change l	peen made for the current plar	n year? If "Yes," see instructions r	egarding required attach	ment	Yes X No			
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ıttachmen	tYes 🛛 No			
27		•	•	r applicable code and see instruct	0 0	27				
P	art VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid m	inimum requir	red contributions for all prior ye	ears		28	0			
29				unpaid minimum required contribu		29	0			
30				ributions (line 28 minus line 29)		30	0			
Pa	art VIII	Minimum	Required Contribution	For Current Year						
31	Target no	ormal cost and	l excess assets (see instruction	ns):						
	a Target r	normal cost (li	ne 6)			31a	0			
	b Excess	assets, if app	licable, but not greater than lir	ne 31a		31b				
32	Amortizat	tion installmen	ts:		Outstanding Bala	nce	Installment			
	a Net sho	ortfall amortiza	tion installment			0	0			
	b Waiver	amortization i	nstallment		-	0	0			
33				er the date of the ruling letter grant) and the waived amount		33				
34	Total fund	ding requireme	ent before reflecting carryover	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0			
				Carryover balance	Prefunding balar	ice	Total balance			
35			e to offset funding	0		0	0			
36						36	0			
37	Additional cash requirement (line 34 minus line 35)						0			
			•		•	37	23780			
38	Present v	alue of excess	s contributions for current year	r (see instructions)						
	a Total (excess, if any, of line 37 over line 36)					38a	23780			
			•	efunding and funding standard ca	•	38b	0			
	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					39	0			
40 Unpaid minimum required contributions for all years						40	0			
			to use PRA 2010 funding reli		(See Instructions)				
				ei for triis piari.		Г	2 plus 7 years 15 years			
							' <u>-</u>			
42				la was made		42	08 2009 2010 2011			
			eleration amount to be carried	over to future plan years		42				

Plan Name: Palliative Care Consultants PC Defined Benefit Pension Plan and Trust

EIN / PN: 20-1958017 / 002

Year: 2016

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 65 with 5 years of participation.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Palliative Care Consultants, PC Defined Benefit Pension Plan and Trust

EIN / PN: 20-1958017 / 002

Year: 2016

This is a Defined Benefit Plan which provides a retirement benefit, in the form of a single life annuity, payable at Retirement Date, age 65 with 5 years of participation, equal to 4.15% of compensation for each year of participation limited to 5 years of participation for those in Group #1 and .5% of compensation for each year of participation limited to 5 years of participation for those in Group #2. As of June 10, 2016 no further benefits will accrue.

Compensation is defined as the average of the highest 3 consecutive years of earnings.

Participants are eligible after two years of service, provided they have attained age 21. The entry date is the earlier of the January 1 or July 1 coincident or next following the satisfaction of the eligibility requirements.

In this plan benefits accrue on a unit credit basis.

Summary of Changes (if any):

B) Benefit Formula: The plan is frozen as of June 10, 2016 – no further benefits shall accru
after this date.

- C) Definition of Average Annual Compensation:
- D) Retirement Age:

A) Eligibility:

- E) Normal Form of Benefit Payable Under the Plan:
- F) Description of Significant Changes: