### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**Annual Report Identification Information** 

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).

2016

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/	2016	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (F aployer information in ac	_	
		a one-participant plan	a foreign plan	,		,
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension	[	DFVC program	
		special extension (enter desc	. ,			
Part II	I.	rmation—enter all requested in	nformation		41	
1a Name KENNETH B		C DEFINED BENEFIT PENSION	PLAN		<b>1b</b> Three-digit plan number (PN) ▶	002
					1c Effective date of 01/0	of plan 1/2009
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.			2b Employer Ident (EIN) 20-5	ification Number 195374
	town, state or province. CHAPMAN MD PLLC	uctions)	2c Sponsor's telep			
					2d Business code	(see instructions)
860 5TH AVE NEW YORK,					621	111
3a Plan ad	dministrator's name ar	nd address X Same as Plan Spo	onsor.		<b>3b</b> Administrator's	EIN
				_	20 Administratorio	
					<b>3c</b> Administrator's	telephone number
4 If the n	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	<b>4b</b> EIN	
		mber from the last return/report.	the last retain, report means	or tino plan, orter the	TO LIN	
<b>a</b> Sponso	or's name				4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year.			5a	56
<b>b</b> Total r	number of participants	at the end of the plan year			5b	58
		account balances as of the end of		-	5c	
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)	35
<b>d(2)</b> Tota	al number of active pa	rticipants at the end of the plan ye	ear		5d(2)	32
than '	100% vested	terminated employment during th			5e	5
		or incomplete filing of this retur her penalties set forth in the instru				cable a Schedule
SB or Sche		nd signed by an enrolled actuary,				
SIGN HERE	Filed with authorized/	valid electronic signature.	10/06/2017	KENNETH B. CHAPMA	AN	
	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan ad	ministrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individu		
Preparer's	name (including firm r	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's telephone	e number
I						

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Yes [	No No
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes	X No	Not determ	nined
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(	(b) End	of Year	
a	Total plan assets	7a	1	029057	•				1296985	
b	Total plan liabilities	7b		0	)				0	
C	Net plan assets (subtract line 7b from line 7a)	7c	1	029057	•				1296985	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	otal	
а	Contributions received or receivable from:	90(4)		174162						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	Other income (loss)	8a(3) 8b		93766						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							267928	
	Benefits paid (including direct rollovers and insurance premiums	- 00								
	to provide benefits)	8d		0	_					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0	· _					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	ll expenses (add lines 8d, 8e, 8f, and 8g)							0	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					267928			
j	Transfers to (from) the plan (see instructions)	8j		C						
	t IV Plan Characteristics									
9a —	If the plan provides pension benefits, enter the applicable pension 1A									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
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		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X				
е	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	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?	<u></u>	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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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?			′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	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
		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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information		ı					
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian			<b>14d</b> 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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2016 or fiscal plan year beginning and ending 01/01/2016 12/31/2016 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 KENNETH B. CHAPMAN MD PLLC DEFINED BENEFIT PENSION PLAN 002 plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) KENNETH B. CHAPMAN MD PLLC 20-5195374 F Prior year plan size: X E Type of plan: X Single Multiple-A 100 or fewer Multiple-B 101-500 More than 500 Part I **Basic Information** Year <u>20</u>16 Enter the valuation date: 01 Month Day Assets: 2a 1074731 2b **b** Actuarial value..... 1074731 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target 0 0 a For retired participants and beneficiaries receiving payment..... 30 45809 **b** For terminated vested participants.... 45809 C For active participants..... 54 776020 845467 821829 **d** Total 891276 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 b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk 4b status for fewer than five consecutive years and disregarding loading factor ...... 5 5.93% 6 109264 Target normal cost..... **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** 10/05/2017

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

THEODORE ANDERSEN, M.A.A.A, M.S.P.A

PENSION ASSOCIATES

STAMFORD, CT 06902

**SUITE 230** 

2001 WEST MAIN STREET

Signature of actuary

Type or print name of actuary

Firm name

Address of the firm

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Date

Most recent enrollment number

Telephone number (including area code)

17-02034

203-356-0306

2 -	1
	2 -

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding B	alance	s						
-								(a) C	arryover bala	nce	(b) F	Prefundir	ng balance
		•	•		able adjustments (line 13 fro					0			16108
8			•	-	nding requirement (line 35 f					0			0
9	, ,									0			16108
10			,		rn of <u>-2.34</u> %					0			-377
11					to prefunding balance:								
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	88a from prior year)								77894
					a over line 38b from prior year interest rate of 6.10								4752
					edule SB, using prior year's								0
	C Total available at beginning of current plan year to add to prefunding balance							82646					
d Portion of (c) to be added to prefunding balance								0					
12	Other re	ductions i	n balances due to	elections	or deemed elections			0					0
					line 10 + line 11d – line 12)							15731	
	art III		ding Percenta		,								
												14	118.81%
					)							15	120.58%
	Prior yea	ar's fundir	ng percentage for p	purposes c	of determining whether carry	over/pre	fundin	g balance	es may be use	ed to reduce	current	16	124.01%
17	•		•		less than 70 percent of the							17	%
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18					ar by employer(s) and empl								
(1)	(a) Dat MM-DD-Y		<b>(b)</b> Amount page employer(		(c) Amount paid by employees		<b>(a)</b> Dat 1-DD-Y		<b>(b)</b> Amou emplo	nt paid by oyer(s)	(0	Amour (: emplo	nt paid by byees
0	7/01/2016	6		51485	0								
0	9/14/2017	7		122677	0								
						Totals	· <b>•</b>	18(b)		174162	18(c)		0
19	Discount	ted emplo	yer contributions	– see instr	uctions for small plan with a	valuatio	n date	after the	beginning of t	the year:			
	<b>a</b> Contri	butions a	llocated toward ur	npaid minin	num required contributions	from prio	or years	S		19a			0
	<b>b</b> Contri	butions m	ade to avoid restr	ictions adj	usted to valuation date					19b			0
	<b>C</b> Contri	butions all	ocated toward mini	mum requi	red contribution for current ye	ar adjus	ed to v	aluation d	ate	19с			161255
20			tions and liquidity										
					e prior year?								Yes X No
			·		installments for the current			timely ma	anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as			thin nl== :	/oor				
		(1) 1s	t		Liquidity shortfall as of en (2) 2nd	u or qua	rter of		year 3rd			(4) 4th	
		( ,			\			\-/				. ,	
										ı			

P	art V	Assumpti	ons Used to Determin	e Funding Target and Targ	get Normal Cost				
21	Discount	rate:							
	<b>a</b> Segme	ent rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used		
	<b>b</b> Applica	able month (er	nter code)			21b	0		
22	Weighted	d average retir	ement age			22	48		
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined Pres	cribed - separate	Substitu	ite		
Pa	art VI	Miscellane	ous Items						
24		•	·	arial assumptions for the current p	•		· · · — —		
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment								
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instructi	ons regarding required a	attachmen	tYes 🛚 No		
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment								
Pa	art VII	Reconcili	ation of Unpaid Minim	um Required Contributior	s For Prior Years				
28	Unpaid m	ninimum requi	red contributions for all prior y	ears		28	0		
29				unpaid minimum required contribu		29	0		
30	(line 19a)					30	0		
Pa	art VIII	Minimum	Required Contribution	For Current Year					
31	Target no	ormal cost and	d excess assets (see instruction	ons):					
	<b>a</b> Target	normal cost (li	ne 6)			31a	109264		
	<b>b</b> Excess	assets, if app	olicable, but not greater than li	ne 31a		31b	109264		
32	Amortiza	tion installmer	nts:		Outstanding Bala	ince	Installment		
	a Net sho	ortfall amortiza	ation installment			0	0		
-	<b>b</b> Waiver	amortization	installment			0	0		
33				er the date of the ruling letter grant) and the waived amount		33	0		
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0		
				Carryover balance	Prefunding balar	nce	Total balance		
35			se to offset funding	0		0	0		
36	Additiona	l cash require	ment (line 34 minus line 35)			36	0		
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	161255		
38	<u> </u>		s contributions for current yea			<u> </u>			
						38a	161255		
-	,	•	· · · · · · · · · · · · · · · · · · ·	refunding and funding standard ca		38b	0		
39				ar (excess, if any, of line 36 over line		39	0		
40	-				•	40	0		
Pai	rt IX			Pension Relief Act of 2010		s)			
41	If an elect	l	e to use PRA 2010 funding reli						
						Г	2 plus 7 years 15 years		
				1a was made					
42						42			
			•	over to future plan years		43			

### 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos: 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Bast   Annual Pana	ort Identification Information		ions to the Form 55	00-31.	
For calendar plan year 2016 or		01/01/2016	and ending	12/31/201	6
A This return/report is for:	a single-employer plan	a multiple-employer plan a list of participating em a foreign plan		(Filers checking this	s box must attach
B This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return.	report (less than 12	months)	
C Check box if filing under:	x Form 5558	automatic extension		☐ DFVC pr	ogram
Part II Basic Plan Ir	nformation enter all requested				
1a Name of plan	ITOTTIALION enter an requested	momadur		1b Three-digit	
	an MD PLLC Defined Benefi	t Pension Plan		plan numbe (PN) ►	002
	:			1c Effective da 01/01/20	•
Mailing Address (include	ployer, if for a single-employer plan) room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see instru	ctions)		dentification Number -5195374
Kenneth B. Chapma				2c Sponsor's t (212) 72	elephone number 24-7246
860 5th Avenue		·		2d Business of 621111	ode (see instructions)
US New York NY 10065					
3a Plan administrator's name	e and address 🗵 Same as Plan Sp	onsor		3b Administrat	or's telephone number
				O Administrati	of a telephone number
name, EIN, and the plan	f the plan sponsor has changed since number from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN	
a Sponsor's name	-			4c PN	
	nts at the beginning of the plan year				56
	nts at the end of the plan year			. 5b	58
	ith account balances as of the end of			. 5c	
1.	participants at the beginning of the p		*******************************	. 5d(1)	35
	participants at the end of the plan ye			. 5d(2)	32
e Number of participants the less than 100% vested	at terminated employment during the			. 5e	5
Caution: A penalty for the l	ate or incomplete filing of this retu	rn/report will be assessed u	inless reasonable c	ause is established	l
	d other penalties set forth in the instr ed and signed by an enrolled actuary, complete.				
SIGN	MUNION	12 6 17 1	Kenneth B. Cha	pman	
HERE Signature of plan a	administrator.	<del></del>	Enter name of individ	ual signing as plan a	administrator
9	MAN MIN	1.16	Kenneth B. Cha		
SIGN HERE Signature of emplo	over/plan sponsor	·	Enter name of individ		over or plan sponsor
	rm name, if applicable) and address (			Preparer's teleph Skip this qu	ione number
	1				
				1	

àa .	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	• • • • • • • • • • • • • • • • • • • •	1012 <del>700707</del>	**********	*******	XYes	
b	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		-				*******	X Yes	<u></u> Пи
_ :	If you answered "No" to either line 6a or line 6b, the plan canno						Tee No	. □Na4	d - 1
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section	4021)?	*******	Yes	X NO	Not	determ
Pa	तर ॥ Financial Information		<del>,</del>						
7	Plan Assets and Liabilities	A. 38	(a) Beginning of	Year	<u>.</u>		(b) End	of Year	
a	Total plan assets	7a	1,02	9,057			***************************************	1,296	,985
b	Total plan liabilities	. 7b		0					. 0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,02	9,057				1,296	,985
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(p)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	17	4,162					
- 19.1	(2) Participants	8a(2)		0					- 42
	(3) Others (including rollovers)	8a(3)		0	- 3			le i	
b	Other income (loss)	. 8b	. 9	3,766	gettar ( )	100			7
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	A. TAL					267	, 928
	Benefits paid (including direct rollovers and insurance premiums						Array .	20,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
100	to provide benefits)	. 8d		0	303	704			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	322	100			14.0
f	Administrative service providers (salaries, fees, commissions)	. 8f		0	100		t (CC)		
<u>g</u> _	Other expenses	. 8g		- 0			, p		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	Control Contro	10,5					. (
-	Total expenses (and lines ou, oc, or, and og/	911	111	A Company					
	Net income (loss) (subtract line 8h from line 8c)	. 8i		Nerve a				267	, 928
		1		<sup>2</sup> Neppt O		Calif.		267	,928
i L	Net income (loss) (subtract line 8h from line 8c)	. 8i		Negation 0		1.45		267	,928
i j Pa	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	. 8i . 8j	es from the List of Plan Ch		ic Code	es in the	instruct	Tury Making L	,928
i j Pa	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Art IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for	. 8i . 8j eature code		aracteris				ions:	,928
i pa 9a b	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Transfers to (from) the plan (see instructions)  Transfers to (from) the plan (see instructions)  The plan Characteristics  If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare features.	. 8i . 8j eature code		aracteris				ions:	,928
i pa 9a b	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Art IV Plan Characteristics  If the plan provides pension benefits; enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits.	. 8i . 8j eature code		aracteristi	: Code:	s in the i		ions:	
i j 9a b	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  ART IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:	. 8i . 8j eature code	s from the List of Plan Cha	aracteristi				ions:	
i j 9a b	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Art IV Plan Characteristics  If the plan provides pension benefits; enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits.	8i 8j eature code	s from the List of Plan Cha	aracteristi	: Code:	s in the i		ions:	
i j 9a b	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  If IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribu	8i 8j eature code ature code tions within	s from the List of Plan Cha n the time period duciary Correction	aracteristi	: Code:	s in the i		ions:	
i j 9a b	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare the plan provides welfare to the plan any participant contributes there a failure to transmit to the plan any participant contributes the program (See instructions and DOL's Von Program)  Were there any nonexempt transactions with any party-in-interest	eature code tions within	s from the List of Plan Cha	aracteristi	: Code:	s in the i		ions:	
i j 9a b Pa 10 a	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Art IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather IV Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volembra.)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ature codes tions within	n the time period duciary Correction	racteristi Ye 10a	No X	s in the i		ions:	
i j Pa 9a b Pa 10 a	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Art IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather IV Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ature codes tions within pluntary Fice.	s from the List of Plan Cha n the time period duciary Correction nclude transactions	aracteristi	S No	s in the i		ions:	
i j Pa 9a b Pa 10 a	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 2A  If the plan provides welfare benefits, enter the applicable welfare feather to 2A  If the plan provides welfare benefits, enter the applicable welfare feather the applicable welfare feather the plan year.  Was there a failure to transmit to the plan any participant contributed becomes a failure to transmit to the plan any participant contributed by 12 Complete the plan year.  Was there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	eature code tions within	n the time period duciary Correction nclude transactions	racteristi Ye 10a	No X	s in the i		ions:	
i j Pa 9a b Pa 10 a	Transfers to (from) the plan (see instructions)  In IV Plan Characteristics  If the plan provides pension benefits; enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som	eature codes ature codes ature codes tions within cluntary Fice ? (Do not i	n the time period duciary Correction nclude transactions nd, that was caused so by an insurance the benefits under	Ye 10a 10b	S No	s in the i		ions:	
i j Pa 9a b Pa 10 a	Transfers to (from) the plan (see instructions)  In It It Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare to the plan and participant contributed by the plan (see instructions)  The plan provides welfare benefits, enter the applicable welfare feather the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volence of the plan and party-in-interest reported on line 10a.)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)	eature codes tions within pluntary Fice (Do not interpretation of the present of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	Ye 10a 10b 10c	x x x	s in the i		ions:	
i j Pa 9a b Pa 10 a	Transfers to (from) the plan (see instructions)  Transfers to (from) the plan (see instructions)  If the plan provides pension benefits; enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 1A  If the plan provides welfare benefits, enter the applicable welfare feather to 2A  If the plan provides welfare benefits, enter the applicable welfare feather to 2A  If the plan participant contributed escribed in 29 CFR 2510.3-102? (See instructions and DOL's Voltage and DOL's Voltage instructions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan.	eature codes tions within coluntary Fic. (Do not interpretation and of the codes)	n the time period duciary Correction  nclude transactions  nd, that was caused  s by an insurance the benefits under	Ye  10a  10b  10c  10d  10e  10f	x x x x x x x	s in the i		ions:	
i j Pa 9a b Pa 10 a	Transfers to (from) the plan (see instructions)  In It It Plan Characteristics  If the plan provides pension benefits, enter the applicable pension for 1A  If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare to the plan and participant contributed by the plan (see instructions)  The plan provides welfare benefits, enter the applicable welfare feather the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volence of the plan and party-in-interest reported on line 10a.)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)	eature code ature code	n the time period duciary Correction nclude transactions nd, that was caused the benefits under the benefits under nd.)	Ye 10a 10b 10c 10d	X X X	s in the i		ions:	,928

									•	
	Form 5500-SF 2016	Page <b>3 -</b>								
				<del></del>						
	Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see	instructions a	nd complet	a Sche	adula S					
	(Form 5500 and line 11a below)	**********	**********	********		***********	X	Yes	Ш	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (For				11a		7	-	· · · · · · · · · · · · · · · · · · ·	0
12	Is this a defined contribution plan subject to the minimum funding requirements of sec ERISA?							Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this	nian year ea	inetruction	e and	ontor	the date	of the	letter	rulina	
a	granting the waiver					Y		ar	uning	
if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	-								
<u>p</u>	Enter the minimum required contribution for this plan year.	******************	*************	****	12b		-			
c	Enter the amount contributed by the employer to the plan for the plan year	<del>***********</del> *********	********	***	12c		-			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	-		ł	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline	?	************			Yes [	No		N/A	
Par	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		-		<del>,</del>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anotecontrol of the PBGC?				******		Yes	X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	ther plan(s), id	dentify the p	lan(s)	to					
1:	c(1) Name of plan(s):		13c	(2) EIN	√(s)		13	c(3) F	N(s)	
•										
Par	VIII Trust Information - Skip These Questions									
	Name of trust				14b	Trust's E	IN			
140	Name of trustee or custodian		···		14d	Trustee o	or custo	odian's	<del></del>	······································
,					1	telephon	e numl	per		
										<del></del>
	IX IRS Compliance Questions - Skip These Questions									
15a	Is the plan a 401(k) plan? If "No," skip b.		<u>-</u>	] Ye	s 			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals ur 401(k)(3) for the plan year? Check all that apply:		_		sign-ba e harb		$\Box$	"Prior	r year	" ADP
	401(k)(3) for the plan year? Check all that apply.	*********		-	urrent y	,				
					P test	-	<u> </u>	N/A		
16a	What testing method was used to satisfy the coverage requirements under section 41 year? Check all that apply:		an		rcentag	ge 🔲	Avera	age fit test		] N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410 for the plan year by combining this plan with any other plan under the permissive agg	(b) and 401(a	)(4)	tes Ye				No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that receive	ed a favorable		n lette	r or ad	visory let	ter, en		date	of
17b	the letter / / and serial number  If the plan is an individually-designed plan that received a favorable determination lett letter / /		S, enter the	e date	of the	most rec	ent de	termin	ation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 6 service?					Yes		No		

Yes

☐ No

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

## Schedule SB, Part V Summary of Plan Provisions

### Kenneth B. Chapman MD PLLC Defined Benefit Pension Plan 20-5195374 / 002

For the plan year 01/01/2016 through 12/31/2016

**Employer:** Spine & Pain Consultants of New York

Type of Entity - C-Corporation

EIN: 20-5195374 TIN: Plan #: 002 Plan Type: Defined Benefit

**Dates:** Effective - 01/01/2009 Year end - 12/31/2016 Valuation - 01/01/2016

Top Heavy Years - 2010, 2011, 2012, 2013, 2014, 2015, 2016

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 - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 10 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

001 2.47% of average monthly compensation per year of participation beginning year

1 limited to 10 year(s) The actuarial equivalent of 5% of compensation

002 0.5% of average monthly compensation per year of participation beginning year

1 limited to 50 year(s) minus Floor Offset

Accrued Benefit - Unit credit based on participation

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) plan actuarial equivalence interest and mortality

Death Benefit - Face Amount plus Present Value of Accrued Benefit

**Top Heavy Minimum:** Provided in another plan

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 10 Years

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

<u>Vesting Schedule:</u>
Years Percent
0-1
0%

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

# Schedule SB, Part V Summary of Plan Provisions

## Kenneth B. Chapman MD PLLC Defined Benefit Pension Plan 20-5195374 / 002

For the plan year 01/01/2016 through 12/31/2016

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.82
Segment 2	6 - 20	4.12
Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

# Schedule SB, line 19 - Discounted Employer Contributions

## Kenneth B. Chapman MD PLLC Defined Benefit Pension Plan 20-5195374 / 002

For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 01/01/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	07/01/2016 01/01/2016	\$51,485 51.485	50.031	0	0	5.93	0
Deposited Contribution Applied to Additional Contribution	09/14/2017 01/01/2016	\$122,677 122.677	111.224	0	0	5.93	0
Totals for Deposited Contribution	2.70.720.0	\$174,162	\$161,255	\$0	\$0		

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

Kenneth B. Chapman MD PLLC Defined Benefit Pension Plan 20-5195374 / 002 For the plan year 01/01/2016 through 12/31/2016

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, Part V **Statement of Actuarial Assumptions/Methods**

#### Kenneth B. Chapman MD PLLC Defined Benefit Pension Plan 20-5195374 / 002

For the plan year 01/01/2016 through 12/31/2016

01/01/2016 Valuation Date:

As prescribed in IRC Section 430 **Funding Method:** 

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

New participants are included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and

Segment 2

Segment 3

the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.41
Segment 2	6 - 20	3.96
Segment 3	> 20	4.97

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) -HATFA Segment # Year Rate % Segment 1 0 - 5 4.43

6 - 20

> 20

5.91

6.65

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -16C - 2016 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -16E - 2016 Applicable Mortality Table for 417(e) (unisex) at 5%

**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 -U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a 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

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

### Kenneth B. Chapman MD PLLC Defined Benefit Pension Plan 20-5195374 / 002

For the plan year 01/01/2016 through 12/31/2016

#### 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 26 - Schedule of Active Participant Data

## Kenneth B. Chapman MD PLLC Defined Benefit Pension Plan 20-5195374/002

For the plan year 01/01/2016 through 12/31/2016

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25	7	4								
25 to 29	5	7	1							
30 to 34	1	10	1							
35 to 39	1	3	1							
40 to 44	1		1							
45 to 49		5								
50 to 54	1	1								
55 to 59	1	1								
60 to 64		1								
65 to 69										
70 & up		1								

### **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). OMB No. 1210-0110

2016

This Form is Open to Public Inspection

		File as an attachme	ent to Form 5500 or s	5500-SF.							
For c	alendar plan year 2016 or fiscal p	an year beginning 01/01	/2016	and ending	12/31/	2016					
►R	ound off amounts to nearest do	llar.									
<b>▶</b> Ca	aution: A penalty of \$1,000 will be	assessed for late filing of this report	unless reasonable car	use is established.			·				
<b>A</b> Na	A Name of plan B Three-digit										
Kenn	eth B. Chapman MD PLLC	Defined Benefit Pension	plan numb	er (PN)	<b>&gt;</b>	002					
C Pla	an sponsor's name as shown on lii	ne 2a of Form 5500 or 5500-SF		D Employer Ide	entification N	umber (E	IN)				
Kenn	eth B. Chapman MD PLLC			20	-5195374						
	•										
ЕТу	pe of plan: X Single Multiple	-A Multiple-B	Prior year plan size:	x 100 or fewer	]101-500 [	More	than 500				
Par	t I Basic Information										
1	Enter the valuation date:	Month 01 Day 01	Year 2016	_							
2	Assets:			,			(SP)				
	a Market value				2a		1,074,731				
1	<b>b</b> Actuarial value				2b		1,074,731				
3	Funding target/participant count b	reakdown:	(1) Number of participants	(2) Vested Targ			(3) Total Funding Target				
	2 For retired participants and hence	eficiaries receiving payment	0		(	0	0				
		nts	30		45,80	9	45,809				
	, ,		54		776,020		845,46				
			84		821,829		891,276				
		k the box and complete lines (a) and	(b)								
	a Funding target disregarding pre-	scribed at-risk assumptions			4a						
ı		assumptions, but disregarding transiti ve consecutive years and disregardin	•	have been in	4b						
5	Effective interest rate				5		5.93 %				
6	Target normal cost				6		109,264				
To the accord		lied in this schedule and accompanying schedules my opinion, each other assumption is reasonable experience under the plan.									
\$25 Text (\$150 to \$150	GN   RE	TL a			10/0	05/201	7				
	S	ignature of actuary				Date					
	Theodore Anderse	en, M.A.A.A, M.S.P.A			17-0	02034					
	Туре	or print name of actuary			Most recent	enrollme	nt number				
	Pension Associat	ces			(203)	356-03	06				
		Firm name		Tele	ephone numb	er (includ	ding area code)				
	2001 West Main S	Street									
	Suite 230	am 0.000									
	US Stamford	CT 06902 Address of the firm									
If the a	ctuary has not fully reflected any i	regulation or ruling promulgated under	r the statute in comple	ting this schedule	, check the b	ox and se	ee [_]				

Schedule SB (Form 5500) 2016	Page <b>2</b>
,	<u> </u>

			Carryov	er and Prefunding Bala	ances						
						(a) (	Carryover balance	:	(b)	Prefundi	ng balance
7	Balance	at beginning of prior year	r after appli	cable adjustments (line 13 from	m prior						16,108
				•••••••				0			16,108
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			
9	Amount	remaining (line 7 minus li	ne 8)	•••••				0			16,108
10				urn of <u>-2.34</u> %				0			(377)
11		ar's excess contributions t									(2)
	•			e 38a from prior year)				ľ			77,894
			•	• • •							77,031
	` '	chedule SB, using prior ye	•	Ba over line 38b from prior year	<sup>31</sup> %						
											4,752
			-	nedule SB, using prior year's a							
	ret	turn	•••••	•••••	······						0
	<b>C</b> Total	available at beginning of	current plai	n year to add to prefunding ba	ılance .						82,646
	<b>d</b> Portio	on of (c) to be added to pr	refunding ba	alance							0
12	Other re	ductions in balances due	to elections	s or deemed elections				0			0
				- line 10 + line 11d - line 12) .				0			15,731
Ps	art III	Funding Percenta	anes	<u>:</u>	<b>I</b>						
				•••••						14	118.81 %
										<b>+</b>	
				ge						15	120.58 %
10	current v	ar's funding percentage fo /ear's funding requiremen	or purposes	of determining whether carry	over/pretund	aing baiai	nces may be used	to reau	ce	16	124.01 %
17				s less than 70 percent of the f					•••••	17	%
	art IV	Contributions an		·	3 3	,	1				
10				ear by employer(s) and emplo		Coto	(b) Amoun	t paid by	,	(c) Amo	unt paid by
(M				employees	(a) Date (b) Amount paid by (c) Amount paid by (mM-DD-YYYY) employer(s) (c) Amount paid by (mM-DD-YYYY) employer(s) employees						
07,	/01/201	_ 1			(	· i i i i <i>j</i>	employ	er(s)		emp	loyees
		.6	51,485		09/14/2		employ	er(s) 122,6	577	emp	loyees
		.6	51,485		`		employ	. ,	577	emp	loyees
		.6	51,485		`		employ	. ,	577	emp	loyees
		.6	51,485		`		employ	. ,	577	emp	Oyees
		.6	51,485		`		employ	. ,	577	emp	Oyees
			51,485		`		employ	. ,	577	emp	Oyees
			51,485		`		employ	. ,	577	emp	loyees
			51,485		`		employ	. ,	577	emp	Oyees
			51,485		09/14/2	2017	employ	122,6			
					09/14/2  Totals ▶	2017 18(b)		174,1	577 L62 18(c		0
19		ted employer contribution	s see ins	tructions for small plan with a	09/14/2  Totals ►  valuation da	2017 18(b)	the beginning of the	122,6 174,1 174,1			0
19		ted employer contribution	s see ins	tructions for small plan with a imum required contributions for	09/14/2  Totals ►  valuation da	2017 18(b)	the beginning of the	174,1			0
19	<b>a</b> Contri	ted employer contribution ibutions allocated toward	s see ins unpaid min		09/14/2  Totals ►  valuation da  rom prior yea	18(b) ate after the ars	the beginning of the	122,6 174,1 174,1			0
19	<b>a</b> Contri	ted employer contribution ibutions allocated toward ibutions made to avoid res	is see ins unpaid min	imum required contributions for	Totals ► valuation darom prior yea	18(b) ate after the ars	the beginning of the	174,1 ne year: 19a			0 0 0
19	<ul><li>a Contri</li><li>b Contri</li><li>c Contri</li></ul>	ted employer contribution ibutions allocated toward ibutions made to avoid res	s see ins unpaid min strictions ac minimum re	imum required contributions for distributions for currence distribution for currence distributions for currenc	Totals ► valuation darom prior yea	18(b) ate after the ars	the beginning of the	174,1 ne year: 19a 19b			0 0 0
	<ul><li>a Contri</li><li>b Contri</li><li>c Contri</li><li>Quarterly</li></ul>	ted employer contribution ibutions allocated toward ibutions made to avoid resibutions allocated toward	is see ins unpaid min strictions ac minimum re ity shortfalls	imum required contributions for currents:	Totals ► valuation darom prior year	18(b) ate after the ars	the beginning of the	174,1 ne year: 19a 19b 19c	L62 18(c		0 0 0
	<ul><li>a Contri</li><li>b Contri</li><li>c Contri</li><li>Quarterly</li><li>a Did th</li></ul>	ted employer contribution ibutions allocated toward ibutions made to avoid resibutions allocated toward y contributions and liquiding the plan have a "funding shape".	is see ins unpaid min strictions ac minimum re ity shortfalls	imum required contributions for distributions for currents:  the prior year?	Totals ► valuation darom prior yea	18(b) ate after the ars	the beginning of the	174,1 ne year: 19a 19b 19c	L62 18(c		0 0 0 161,255
	<ul><li>a Contri</li><li>b Contri</li><li>c Contri</li><li>Quarterly</li><li>a Did th</li><li>b If line</li></ul>	ted employer contribution ibutions allocated toward ibutions made to avoid resibutions allocated toward y contributions and liquidite plan have a "funding shaped as "Yes," were required.	is see ins unpaid min strictions ac minimum re ity shortfalls nortfall" for t ed quarterly	imum required contributions for distributions for distribution for currents:  the prior year?  y installments for the current year.	Totals > valuation darom prior year adjusted	18(b) ate after the ars	the beginning of the	174,1 ne year: 19a 19b 19c	_62 18(c		0 0 0 161,255
	<ul><li>a Contri</li><li>b Contri</li><li>c Contri</li><li>Quarterly</li><li>a Did th</li><li>b If line</li></ul>	ted employer contribution ibutions allocated toward ibutions made to avoid resibutions allocated toward y contributions and liquidite plan have a "funding shaped as "Yes," were required.	is see ins unpaid min strictions ac minimum re ity shortfalls nortfall" for t ed quarterly	imum required contributions for digusted to valuation date equired contribution for currents:  the prior year?	Totals > valuation da rom prior yea t year adjust ear made in applicable:	18(b) ate after the ars	the beginning of the luation date	174,1 ne year: 19a 19b 19c	_62 18(c		0 0 0 161,255
	<ul><li>a Contri</li><li>b Contri</li><li>c Contri</li><li>Quarterly</li><li>a Did th</li><li>b If line</li></ul>	ted employer contribution ibutions allocated toward ibutions made to avoid resibutions allocated toward y contributions and liquidite plan have a "funding shaped as "Yes," were required.	is see ins unpaid min strictions ac minimum re ity shortfalls nortfall" for t ed quarterly	imum required contributions for distributions for distribution for currents:  the prior year?  y installments for the current year.	Totals > valuation da rom prior yea t year adjust ear made in applicable:	18(b) ate after the ars	the beginning of the luation date	174,1 ne year: 19a 19b 19c	_62 18(c		0 0 0 161,255 Yes X No Yes No
	<ul><li>a Contri</li><li>b Contri</li><li>c Contri</li><li>Quarterly</li><li>a Did th</li><li>b If line</li></ul>	ted employer contribution ibutions allocated toward ibutions made to avoid resibutions allocated toward y contributions and liquidite plan have a "funding shaped as "Yes," were require 20a is "Yes," see instruct	is see ins unpaid min strictions ac minimum re ity shortfalls nortfall" for t ed quarterly	imum required contributions for diusted to valuation date equired contribution for currents:  the prior year?	Totals > valuation da rom prior yea t year adjust ear made in applicable:	18(b) ate after the ars	the beginning of the luation date	174,1 ne year: 19a 19b 19c	_62 18(c		0 0 0 161,255 Yes X No Yes No

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	jet Normal Cost		
21	Discou	unt rate:					
	<b>a</b> Se	gment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	, 0	N/A, full yield curve used
	<b>b</b> App	plicable month	(enter code)			21b	0
22	Weigh	nted average re	tirement age			22	48
23	Mortal	lity table(s) (see	e instructions) X Pr	rescribed - combined Pres	scribed - separate	Substitu	te
Pa	rt VI	Miscellane	eous items				
24	Has a	change been r	made in the non-prescribed act	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
				• • • • • • • • • • • • • • • • • • • •			
				an year? If "Yes," see instructions			
				Participants? If "Yes," see instruct		attachmen	t Yes X No
			•	ter applicable code and see instruc		27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	um Required Contribution	s For Prior Years		
28	Unpai	d minimum req	uired contributions for all prior	years		28	0
29		, ,		d unpaid minimum required contrib	' '	29	0
30				ntributions (line 28 minus line 29)		30	0
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year			
31	Targe	t normal cost a	nd excess assets (see instruct	ions):			
	<b>a</b> Targ	get normal cost	(line 6)	• • • • • • • • • • • • • • • • • • • •		31a	109,264
	<b>b</b> Exc	ess assets, if a	pplicable, but not greater than	line 31a		31b	109,264
32	Amort	ization installm	ents:		Outstanding Bala	ance	Installment
	<b>a</b> Net	shortfall amorti	ization installment	• • • • • • • • • • • • • • • • • • • •		0	0
	<b>b</b> Wai	ver amortizatio	n installment	• • • • • • • • • • • • • • • • • • • •		0	0
33				nter the date of the ruling letter gran		33	0
34	Total f	unding requirer	ment before reflecting carryover	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding Bala	ance	Total balance
35			use to offset funding				
	require	ement	• • • • • • • • • • • • •	0		0	0
36				• • • • • • • • • • • • • • • • • • • •		36	0
37	Contri (line 1		•	ontribution for current year adjuste		37	161,255
38			ess contributions for current ye			l	
				• • • • • • • • • • • • • • • • • • • •		38a	161,255
		-		prefunding and funding standard c		38b	0
				ear (excess, if any, of line 36 over		39	0
40			uired contributions for all years	·	•	40	0
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010		5)	
41	If an ele	ection was mad	de to use PRA 2010 funding re	lief for this plan:			
	a Sch	edule elected .			• • • • • • • • •	[	2 plus 7 years 15 years
				41a was made			
42			·			42	
			-	d over to future plan years		43	
				<u> </u>		L	L