#### 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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit WARREN LOBO MD PC DEFINED BENEFIT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 20-2564292 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number WARREN LOBO MD PC 631-277-5106 2d Business code (see instructions) 82 THE HELM 621111 EAST ISLIP, NY 11730 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 4 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

Form 5500-SF 2016 Page **2** 

	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not de	etermined
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a	3	742779					38018	
b	Total plan liabilities	7b		0						0
C	Net plan assets (subtract line 7b from line 7a)	7c	3	742779				3801891		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount				(b) 1	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		59112						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							591	12
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i							591	12
j	Transfers to (from) the plan (see instructions)	8i			$\neg$					
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction			X				
b	Program)			10a		X				
	reported on line 10a.)			10b		^				
c	Was the plan covered by a fidelity bond?			10c	X					340000
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 son 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	ın?		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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	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?			′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 ins ing 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	13.	1		ī			
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	s 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 brougo ol 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.)	ify the pl	an(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	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  s		n-based arbor	d [	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, en/	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 $^{1\!\!/}_2$ 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

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

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

			▶ File as	an attacı	nment to Form	5500 or 5	500-SF.				
Fo	r calendar	plan year 2016 or fiscal plai	n year beginning 01	/01/2016	6		and endin	g 12/3	1/2016		
•	Round o	ff amounts to nearest dolla	ar.								
•	Caution:	A penalty of \$1,000 will be a	assessed for late filing of	this repo	rt unless reasor	nable caus	se is establishe	d.			
Α	Name of p	olan					B Three-di	git			
	WARREN	LOBO MD PC DEFINED BE	ENEFIT PLAN				plan num	o nber (PN	) <b>•</b>	001	
							·				Ī
_											
		sor's name as shown on line	2a of Form 5500 or 5500	0-SF			<b>D</b> Employer	Identification	ation Number (I	EIN)	
	WARREN	LOBO MD PC						20-256	64292		
											_
Ε.	Type of pla	an: X Single Multiple-A	A Multiple-B		F Prior year pla	an size: X	100 or fewer	101-	500 More th	nan 500	
Р	Part I	Basic Information									
1		ne valuation date:	Month 12 Da	av 31	Year 20	016					-
2	Assets:			,							Ī
_		et value						. 2a		4228348	-
								2b		4228348	-
2		arial value					lumber of		sted Funding	(3) Total Funding	_
3	Fundin	g target/participant count bre	akdown			` '	ticipants		Target	Target	
	<b>a</b> For re	etired participants and benef	iciaries receiving paymen	ıt			0		0		C
	<b>b</b> For to	erminated vested participants	s				0		0		C
		ctive participants					4		3378883	340706	6
	_						4		3378883	340706	-
4						<u> </u>			3370003	340700	
4		an is in at-risk status, check				_	_	-			
		ing target disregarding preso									_
	<b>b</b> Fundi	ing target reflecting at-risk as s for fewer than five consecu	ssumptions, but disregard	ling trans	sition rule for pla	ins that ha	ave been in at-r	isk 4b			
5		e interest rate						_		6.13%	-
6		normal cost						6		152637	-
		y Enrolled Actuary								102001	-
		of my knowledge, the information supp	olied in this schedule and accompa	anying sche	edules, statements an	nd attachmen	ts, if any, is complete	e and accur	ate. Each prescribe	d assumption was applied in	
	accordance combination.	with applicable law and regulations. In offer my best estimate of anticipated	my opinion, each other assumpti experience under the plan.	on is reasor	nable (taking into acc	ount the exp	erience of the plan a	ind reasona	ble expectations) an	nd such other assumptions, in	ı
	CICN										-
	SIGN HERE								40/44/00		
	HEKE	0:					_		10/14/201	17	_
			gnature of actuary						Date		
J	IEFFREY	S. RICHGAT							14-0509		_
		,,	r print name of actuary					Most i	ecent enrollme		
J	IR PENSIO	ON SERVICES INC.					<del></del>		646-454-10		_
1	120 F 23P	D STREET	Firm name				Te	elephone	number (includ	ding area code)	
В	BOX 7F										
N	NEW YOR	K, NY 10010									
		А	Address of the firm				_				
f th	a actuany l	has not fully reflected any reg	gulation or ruling promula	atad und	ler the statute in	completi	na this schodul	o chook	the hov and ac		-
1 1116	o actuary i	nas not runy reflected any reg	guiation of ruling promulg	ateu unu	ici ilic statute II	i compietii	ng una scriedui	e, crieck	ine nov and se	-	

age	2	-	1

Schedule SB (Form 5500) 2016

Pá	art II	Begin	ning of Year	Carryov	ver and Prefunding E	Balances								
								(a) C	arryover balance		(b) F	refundir	ng balance	
7		Ū	0 , ,		able adjustments (line 13 f	•				)			0	
8			•	-	Inding requirement (line 35					)			0	
9	Amount	remaining	g (line 7 minus line	8)						)			0	
10	Interest	on line 9 ι	using prior year's	actual retu	ırn of%					)			0	
11					to prefunding balance:									
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	38a from prior year)								0	
	<b>b(1)</b> Int	erest on t hedule SE	he excess, if any, 3, using prior year	of line 38a	a over line 38b from prior ye e interest rate of	ear _%							0	
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual								
													0	
	C Total available at beginning of current plan year to add to prefunding balar				ce							0		
	<b>d</b> Portio	n of (c) to	be added to pref	unding bala	ance		1						0	
12	12 Other reductions in balances due to elections or deemed elections									0				
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0					
Р	Part III Funding Percentages													
												14	124.10%	
14 Funding target attainment percentage									15	124.11%				
16 Delay year's funding persenting for purposes of determining whether corresponding helpings may be used to reduce current								16	139.00%					
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	dity Shortfalls									
18	Contribu	tions mad			ear by employer(s) and emp	oloyees:								
<b>/N</b>	<b>(a)</b> Dat ∕/M-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid by employees	<b>(a)</b> (MM-D	Date		<b>(b)</b> Amount p employer	-	(0	(c) Amount paid by employees		
	וייםם-וויוי	111)	employer	(3)	employees	(IVIIVI-D	D-11	111)	employer	(3)		empic	19003	
-														
						Totals >	•	18(b)			18(c)			
19	Discoun	ted emplo	yer contributions	– see instr	ructions for small plan with	a valuation o	late a	after the	beginning of the	year:				
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	mum required contributions	from prior y	ears.			19a			0	
	<b>b</b> Contri	butions m	ade to avoid resti	ictions adj	justed to valuation date					19b			0	
	<b>C</b> Contri	butions all	ocated toward min	imum requi	ired contribution for current y	ear adjusted	to va	luation d	ate	19c			0	
20	Quarterl	y contribu	tions and liquidity	shortfalls:	:									
	a Did th	e plan ha	ve a "funding sho	rtfall" for th	ne prior year?								Yes X No	
	<b>b</b> If line	20a is "Y	es," were required	l quarterly	installments for the current	year made i	in a t	imely m	anner?				Yes No	
	<b>C</b> If line	20a is "Ye	es," see instructio	ns and con	mplete the following table a	s applicable:	:						_	
					Liquidity shortfall as of e	nd of quarter	of th		<b>'</b>					
		(1) 1st	t		(2) 2nd			(3)	3rd			(4) 4th		

P	art V Assumpt	ions Used to Determine	Funding Target and Targ	get Normal Cost						
21	Discount rate:									
	a Segment rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used				
	<b>b</b> Applicable month (e	nter code)			21b	0				
22	Weighted average retir	ement age			22	62				
23	Mortality table(s) (see	instructions) X Presc	ribed - combined Preso	cribed - separate	Substitu	te				
Pá	art VI Miscellane	eous Items	<del></del>							
	Has a change been ma	ade in the non-prescribed actua	rial assumptions for the current p	•		· · ·				
25	Has a method change	been made for the current plan	year? If "Yes," see instructions re	egarding required attach	ment	Yes X No				
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment									
27		_	applicable code and see instructi		27					
P	art VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years						
28	Unpaid minimum requi	red contributions for all prior yea	ars		28	0				
29			npaid minimum required contribut	' '	29	0				
30	Remaining amount of u		30	0						
Pa	art VIII Minimum	<b>Required Contribution</b>	For Current Year							
31	Target normal cost an	d excess assets (see instruction	ns):							
	a Target normal cost (I	ine 6)			31a	152637				
	<b>b</b> Excess assets, if app	olicable, but not greater than line	e 31a		31b	152637				
32	Amortization installmen	nts:		Outstanding Bala	nce	Installment				
	a Net shortfall amortiza	ation installment			0	0				
	<b>b</b> Waiver amortization	installment			0	0				
33			the date of the ruling letter granti) and the waived amount		33	0				
34	Total funding requirem	ent before reflecting carryover/p	orefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0				
			Carryover balance	Prefunding balar	nce	Total balance				
35	Balances elected for us	se to offset funding	0		0	0				
36	· · · · · · · · · · · · · · · · · · ·				36	0				
37			ribution for current year adjusted							
	19c)				37	0				
38		s contributions for current year			00-					
		· · · · · · · · · · · · · · · · · · ·			38a	0				
			funding and funding standard car		38b	0				
39			(excess, if any, of line 36 over line	•	39 40	0				
40 Box		•	oncion Poliof Act of 2010			0				
			ension Relief Act of 2010	(See instructions	·)					
41		e to use PRA 2010 funding relie				lo				
						<u>'</u>				
			a was made			08 2009 2010 2011				
		•			42					
43	Excess installment acc	eleration amount to be carried o	over to future plan years		43					

#### Form 5500-SF

Document of the Treasury Internal Revenue Service

Person Benefit Guaranty Corporation

Department of Labor Employme Benefits Security Administration

#### Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee

2016

OMB Nos. 1210-0110

1210-0059

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5600-SF. Annual Report Identification Information 01/01/2016 12/31/2016 For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must allach A This relum/report is for a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DEVC program C Check box if filing under automatic extension special extension (enter description) Part II Basic Plan Information — enter all requested information Name of plan 1b Three-digit plan number Marren Labo MD PC Defined Benefit Plan 001 (PN) > 1c Effective date of plan 01/01/2003 Plan sponsor's name (employer, if (or a single-employer plan 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 20-2564292 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Warren Loho ND PC (631) 277-5106 2d Business code (see instructions) 82 The Helm 621111 US East, INDIA XV 11730 Ja Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's FIN 3C Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 45 FIN name. EIN, and the plan number from the last return/report. A Sponsors name 4C PN 4 Total number of participants at the beginning of the plan year . 5a 5b Total number of participants at the end of the plan year 1 Number of participants with account balances as of the end of the plan year (only defined contribution plans 50 complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 4 5d(2) d(2) Total number of active participants at the end of the plan year 4 Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0 less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under conalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and corpolete Warren Lobo MD SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Warren Lobo MD SIGN HERE Signature of employer/plan aponsor Date 10 Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number Skip this question Skip this question

	L Mary 2000-36-3522		Page 2	_	_					
Sa 1	Were all of the planns assemb fluring the plan year markles in eligible	HARD7 (So	e interactions I						30	000 1 100g
1	the VIS, Darring A elever of the antical elementation and import of a order 28 CFR 2520 TD4 467 ISsee instructions on water eligibity of I you accessed "No" to either how to be into the the place cannot	nd goodttone			1	-	644		X	(nn
	I fire from a a defined lesself plan a d universe under the FREE and							1901	. 770	or delice to the
	COST CONTRACTOR OF THE COST COST COST COST COST COST COST COST	ender brod	Section training	100	115	-	7114	18.1	ed PTu	OR OTHER STATES
Par	III Financial Information	-						1	-	_
7	Toth Assets and Lossifiles		(a) Beginning	of Year		-		(b) Er	d at Yes	
	full plate insulty	7a	24.7	142.7	79				3.8	01,691
b	otal plan Entrities	710			0	-				(I
_	set prior season (midted inc 7b from line Ta)	.10	30	742.7	711	-				01,891
	not discount property for an exploration from Vera		(a) A/mia	HE.		-	_	- 0	Tittal	_
	I) Esphane	Setti.			15					
	D) Patticowity	8a(2)								
- 1	Til Others (including (officient)					1				
	Other record (National)	00		50.1	12					
6	Fotol Income (Intil Invite Rei 1), Bat 2), But (3), and Mos	Tru .			iF	1				\$11.06
4	bradta pad probably mattribuse and excess persons				_		7	-		-
	remaining	M				-		_	_	
	orten immel entir smedie duritative kes instudiosi					-				
-	Appropriate that are an arranged from the same and the sa	21			_	-			_	_
-	Other sagemen	89		_	_					
ħ.	start experience (acid sines Sq. file. #1, and #g)	ilh		_	_	-				SE THE
1_1	ser record (mis (subtract ine th from the fic)	Bi				-			_	19 112
	Farehra ia (from the plan (see Institutions)	斯								
Par	rt W. Plan Characteristics									
5a 1	f the plan provides persons benefits, when the applicable persons to 1A 193	where product	Stori Bill Ltal of Phon	Owen	-	ii.Cub	es tr the	e mulic	champ	
ta i	trus plan jewidans walfase benefits, writer the applicable welling fee	Hurn codes N	on the List of Pan C	hornelle	нено	Code	e in the	matrud	Horse	
Pár	TV Compliance Questions									
10	Chainst the plant wear:				Yes	(No	HEA		Arres	et
3	Was flow a fellow to transport to the plant any participant position	organia b	a time puried.		-					
	demitted in 25 CFR 2518.3-1021 (See instruction) and DOC's Vo									
	Programs		-0.0	. 40a	_	X				
b	View there any conexempt transactions with any party-to-imment recorded on line 10s.)	(Do not you	tele transactions	70k		x				
	May the plan springs by a hands front?			10u						340 00
d	Did the plan have a local whether or not remea, need by the plants?	looky hard.	that wire counted	100	7	to				3411,1411
	by that it distincts?			164		18	-			
	Were any fees or committeen a land to any brokers, egents, or other									
	games, majorance service, or other organization that provides nom- the pion? (See instructions)			100		N.				
	games, maintance service, of other organization that provides non-			106		K				
	dame, incurance service, of other organization that provides nom the bigin? [East instructions.]	97		1000		+				
	damer, insurance service, or other organization that provides nom- the pion? (See instructions.)  This the pion falled to provide any forceff when the provide the pion.	ng yanin span	1	101		K				

Part VI Pension Funding Compliance							
14 is you a defined benefit plan subject to minimum Andring requirements? (If "Yes," see instructions and compression 5500 and are 119 below).	пріже 90	nedute St	1	SC 4	es =	THE	
11a Enter the impaint runnimum regards contributions for all years from Sunadulin SB (Form \$500) line 40	_	710				0	
12 is this a defined curer button plan subject to the maximum funding requirements of section 412 of the Cook	Dr weedy	in SBE no		-	20 10	- Ha	
#RISA*  If "Yes " complete lime 12a or lines 12b, 12c, 12a, and 12a below, as applicable.)		-		- X	en 1	Ma	
3 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see matru			ne dalle n			ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedulo ME (Form 5500), and skip to line 13.	-	Day	-	Year	-		
b. Enter the minimum required contribution for this plan year.		12br					
	-	12:	_	-	_	_	
6 Enter the amount constanted by the employer to the plan for the plan year d Submact the amount of the 12t from the amount if time 12t. Enter the result perfect a mous argument of the enterprise product.	tel #	128					
# VAN the trummum funding seminal reported as the 12d on met by the Londing deadline?		-	Ves.	No	- N	WA.	
Part VII Plan Terminations and Transfers of Assets							
132 Has a resolution to reminere the plan been adopted in any plan year?			Ves	X	No		
If "Yes," enter the amount of any plan assets that revened to the amployer this year		120					
b Were all the puriosses distributed to participants or trenshumes, transferred to anomer plan, or brought control of the PBGC1	undar in		□ 9	es 2	E Nie	1	
<ul> <li>If during this plan year, any associa or liabilities were transferred from this plan to another planta), identify which assets or liabilities were transferred. (See instructions.)</li> </ul>	THE EXCUSE	ni m					
13c(1) Name of plants	13c(2) E	11/s)		130	2) 64	(dp)	
Part VIII. Trust Information - Skip Thinse Directions							
1-6a Nume of must		1467/	uni's Eth				
14th Name of Integer of Contactor		1 1 1 1 1 1 1 1	judec jil Jephoru	/5U NJ 7	100		
Parl IX IRS Compliance Questions- Skip Thuse Questions							
15a is the stan a 401 in plan? If "Not." Also b	I Y	et		N	in		
15D has det the plan to sty the nondecommunition requirements for employee delic as under section scripts (3) for the plan year? Chack all that sophy	- s	es gn-bas are number Current ye			est)	600° 400°	
		Diff test		4	N/A		
16a vVnai lesting method was used to sazety the coverage recurrences under section 41(iii) for the plan year? Chinch all hist apply	_ p	atio ercertage cit		Average Demok		D 400	
16b Day the plan sately the coverage and needle criminator requirements of sections +10(b) and 401(a)(4), the the plan year by combining this plan with any other plan under the permittive aggregation rules?	See 1	46			ia.		
178 if the plan is a master And prototype plan (MRP) or volume submitter plan that received a favorable IRS as	alcian late	BF OF BOW	sary lene	ir, oma	i Irin-d	the sec	
17b if the plan is an instructionly-dissigned part that received a lavorable Semination letter from the IRS, one letter	ne ne	e of the m	ost rece	ni žiejei	mumic	ibn	
18 Instructional Plant is Moraly Plantiuse Pension Plan City.  Were any distributions made during the plan year to an employee who shared age 52 and had not separately across the planting the plan year to an employee who shared age 52 and had not separately across the planting	eled from		Уез	T 1	ke		
19 Types only prompted prompted in the company who had attained at least any TO % during the prompted year?		_ 0	Yes	CI A	ía.		

Plan Name: Warren Lobo MD PC Defined Benefit Plan

Employer Identification Number (EIN): 20-2564292

Plan Number: 001

Plan Name: Warren Lobo MD PC Defined Benefit Plan

Employer Identification Number (EIN): 20-2564292

Plan Number: 001

Plan Name: Warren Lobo MD PC Defined Benefit Plan

Employer Identification Number (EIN): 20-2564292

Plan Number: 001

Plan Name: Warren Lobo MD PC Defined Benefit Plan

Employer Identification Number (EIN): 20-2564292

Plan Number: 001

# **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 attachmen	it to Form 5500 or 5	)50U-5F.				
For calendar plan year 2016 or fiscal plan year beginning 01/01/	2016	and ending	12/31/2	2016		
▶ Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report un	nless reasonable cau	use is established				
A Name of plan		B Three-digit				
Warren Lobo MD PC Defined Benefit Plan		plan numb	er (PN)	•	001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		<b>D</b> Employer Ide	entification Nu	mber (I	EIN)	
Warren Lobo MD PC		20	-2564292			
E Type of plan: X Single Multiple-A Multiple-B	rior year plan size: 🛚	【 100 or fewer ☐	]101-500	More	than 500	
Part I Basic Information						
1 Enter the valuation date: Month 12 Day 31	Year2016	_				
2 Assets:						
<b>a</b> Market value			2a		4,228,348	
<b>b</b> Actuarial value			2b		4,228,348	
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ	-		(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment	0		0		0	
	0		0	(		
<b>b</b> For terminated vested participants	4		3,378,883		3,407,066	
C For active participants	4		3,378,883		3,407,066	
d Total  If the plan is in at-risk status, check the box and complete lines (a) and (b)					0,101,000	
<b>a</b> Funding target disregarding prescribed at-risk assumptions	•	Г	4a			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transitio						
at-risk status for fewer than five consecutive years and disregarding			4b			
5 Effective interest rate			5		6.13 %	
6 Target normal cost			6		152,637	
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (t combination, offer my best estimate of anticipated experience under the plan.						
SIGN HERE			10/1	.4/20	17	
Signature of actuary				Date		
Jeffrey S. Richgat			14-0	5094		
Type or print name of actuary			Most recent e	enrollme	ent number	
JR Pension Services Inc.			(646)	154-1	031	
Firm name		Tele	ephone numb	er (inclu	uding area code)	
420 E 23rd Street						
Box 7F						
US New York NY 10010  Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	the statute in comple	eting this schedule	e, check the b	ox and	see	

Schedule SB (Form 5500) 2016	Page <b>2</b>	l
------------------------------	---------------	---

Pa	Part II Beginning of Year Carryover and Prefunding Balances										
	·					(a) (	Carryover balance		(b) l	Prefund	ng balance
7				icable adjustments (line 13 fro				0			0
0	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			O
9								0			0
10								0			0
11											
	a Present value of excess contributions (line 38a from prior year)								0		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year										
	Schedule SB, using prior year's effective interest rate of %							O			
	b(2) Interes	t on line 38b from pri	ior year So	chedule SB, using prior year's a	actual						
	return			• • • • • • • • • • • • • • • • • • • •							0
	C Total avai	lable at beginning of	current pla	an year to add to prefunding ba	alance .						0
	<b>d</b> Portion of	(c) to be added to pr	efunding b	palance							0
12	Other reducti	ons in balances due	to election	s or deemed elections	• • • • • • • • •			0			0
13	Balance at be	eginning of current ye	ear (line 9	+ line 10 + line 11d - line 12) .	• • • • • • • • • • • • • • • • • • • •			0			0
Pa	rt III F	unding Percenta	ages								
14	Funding targe	et attainment percent	tage	•••••			• • • • • • • • • • • • • • • • • • • •			14	124.10 %
15	Adjusted fund	ding target attainmen	t percenta	ge			• • • • • • • • • • • • • • • • • • • •	•••••	•••••	15	124.11 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 139.00								139.00 %		
17		<u> </u>		is less than 70 percent of the t						17	%
Pa	rt IV C	ontributions an	d Liquid	dity Shortfalls							
	18 Contributions made to the plan for the plan year by employer(s) and employees:										
-	(a) Date	(b) Amount pa	aid by	d by (c) Amount paid by (a) Date (b) Amount pa							
(IVI	M-DD-YYYY)	employer(s	s)	employees	(MM-L	D-YYYY)	employe	er(s)		emp	loyees
					Totals	► 18(b)			18(c	)	
19	Discounted e	mployer contribution	s see in	structions for small plan with a	valuation	date after	the beginning of th	e year:			
				nimum required contributions f				19a			0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date							0				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c							0				
20	Quarterly cor	ntributions and liquidi	ty shortfall	s:			,				
	a Did the pla	an have a "funding sh	nortfall" for	the prior year?	• • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				Yes X No
	<b>b</b> If line 20a	is "Yes," were require	ed quarter	ly installments for the current y	ear made	e in a timely	manner?			[	Yes No
	C If line 20a is "Yes," see instructions and complete the following table as applicable:										
Liquidity shortfall as of end of quarter of this plan year											
(1) 1st				(2) 2nd		(3)	3rd			(4) 4	th

Pa	art V Assump	tions Used To Determin	e Funding Target and Targ	get Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	, 0	☐ N/A, full yield curve used			
	<b>b</b> Applicable mon	21b	0						
22	Weighted average	22	62						
23	Mortality table(s) (s	see instructions)	rescribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI Miscella	neous items							
24	-	•	ctuarial assumptions for the current						
25			Non year? If "Ven " one instructions						
			plan year? If "Yes," see instructions						
		· · · · · · · · · · · · · · · · · · ·	e Participants? If "Yes," see instruc		attachmen	t ····· Yes X NO			
27		_	nter applicable code and see instru		27				
Pa	rt VII Reconc	iliation of Unpaid Minim	um Required Contribution	s For Prior Years					
28	Unpaid minimum r	equired contributions for all prior	years		28	0			
29		•	d unpaid minimum required contrib		29	0			
30	Remaining amoun	t of unpaid minimum required co	ontributions (line 28 minus line 29)		30	0			
Pa	rt VIII Minimu	m Required Contribution	n For Current Year						
31	31 Target normal cost and excess assets (see instructions):								
	a Target normal co	31a	152,637						
	<b>b</b> Excess assets, i	f applicable, but not greater thar	n line 31a		31b	152,637			
32	Amortization instal	Iments:		Outstanding Bala	ance	Installment			
A Net shortfall amortization installment									
	<b>b</b> Waiver amortiza	tion installment			0	0			
If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount									
34	Total funding requi	irement before reflecting carryov	ver/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	0			
			Carryover balance	Prefunding Bala	ance	Total balance			
35	Balances elected f	or use to offset funding							
	•		0		0	0			
	Additional cash red	36	0						
37			contribution for current year adjuste		37	0			
38	Present value of ex	xcess contributions for current y	ear (see instructions)		I.				
					38a	0			
	<b>b</b> Portion included	in line 38a attributable to use of	prefunding and funding standard of	carryover balances	38b	0			
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39					0			
40	40 Unpaid minimum required contributions for all years					0			
Pa	rt IX Pensio	n Funding Relief Under	Pension Relief Act of 2010	) (See Instructions	)				
41	If an election was m	nade to use PRA 2010 funding re	elief for this plan:						
	a Schedule elected								
<b>b</b> Eligible plan year(s) for which the election in line 41a was made									
42	Amount of accelera	tion adjustment			42				
43	Excess installment	acceleration amount to be carrie	ed over to future plan years		43				

# Warren Lobo MD PC Defined Benefit Plan VALUATION AS OF 12/31/2016

**Summary of Plan Provisions** 

Plan Effective Date January 1, 2003

Plan Anniversary Date January 1, 2016

Participation Eligibility Minimum age: 19 and

Minimum months of service: 12

Plan Entry Date 01/01 or 07/01 coincident with or following the satisfaction of the requirements

Normal Retirement Date 62nd birthday and plan anniversary nearest 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit Benefit Formula:

10% per year of future service times compensation

Maximum total years of service: 10

Maximum years of past service: 0

Past service is prior to the date of entry

IRC415 maximum annual benefit: \$210,000

Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all participation

Annual salary up to \$265,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount Benefit supported by 62.39% theoretical ILP cost of retirement benefit (RR74-

307)

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years) Computation Period: Years Beginning 1/1

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Units accrued to date

# Warren Lobo MD PC **Defined Benefit Plan**

#### **VALUATION AS OF 12/31/2016**

#### **Summary of Actuarial Method and Assumptions**

#### **Normal Retirement Benefit**

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: Second Segment: 5.91% Third Segment: 6.65%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.55% Second Segment: 3.76% Third Segment: 4.73%

Pre-Retirement Valuation Assumptions

Mortality Table 2016 430(h)(3)(A)-Optional combined

**Retirement Valuation Assumptions** 

Mortality Table 2016 430(h)(3)(A)-Optional combined

#### **Optional Forms Assumption**

100% of participants will elect the Plan Normal Form

#### Pre-Retirement Death Benefit

Liability funded on a reserve basis with Normal Retirement Benefit

Mortality Table 2016 430(h)(3)(A)-Optional combined

#### **Pre-Retirement Actuarial Equivalence Assumptions**

**Investment Earnings** 5% Effective annual rate

#### Retirement Actuarial Equivalence Assumptions

**Investment Earnings** 5% Effective annual rate

Mortality Table 2016 417(e)(3) Applicable Mortality Table

#### Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

**Investment Earnings** 5% Effective annual rate

Mortality Table 2016 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

5.5% Effective annual rate **Investment Earnings** 

Warren Lobo MD PC Defined Benefit Plan Schedule SB, line 19 - Discounted Employer Contributions

# Warren Lobo MD PC Defined Benefit Plan Schedule SB, line 32 - Schedule of Amortization Bases

No Bases