### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information								
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/	2017	and ending 12/	/31/2017					
A This re	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.)									
D This are		a one-participant plan	a foreign plan							
<b>B</b> This reti	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)					
C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program										
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name WILLIAM F.	of plan DELUCA JR., MD, P	1b Three-digir plan numb (PN) ▶								
			1c Effective d	ate of plan 01/01/2011						
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			<b>2b</b> Employer I	dentification Number				
Mailing	g address (include ro	om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos			(EIN)	14-1673669				
	DELUCA JR., MD, P	tructions)		telephone number 8-724-2444						
					2d Business of	code (see instructions)				
5 ULENSKI I ALBANY, NY				621111						
712371141,141	1 12200									
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN				
					<b>3c</b> Administra	tor's telephone number				
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name a		the last return/report.	4b EIN					
•	sor's name				4d PN					
C Plan N	lame									
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	8				
		s at the end of the plan year			5b	0				
		account balances as of the end of		•	5c					
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	8				
<b>d(2)</b> Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau						
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN	Filed with authorize	d/valid electronic signature.	09/11/2018	WILLIAM F. DELUCA,	JR., M.D.					
HERE Signature of plan administrator Date Enter name of individual					lual signing as plan administrator					
SIGN	Filed with authorize	d/valid electronic signature.	09/11/2018	WILLIAM F. DELUCA,	JR., M.D.					
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ne of individual signing as employer or plan sp					

Form 5500-SF 2017 Page **2** 

b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							
		e PBGC p	remium filing for this p	lan yea	r			. (See instructions.)
Pa	rt III   Financial Information	1						
_7	Plan Assets and Liabilities		(a) Beginning (				(b) End	of Year
a	Total plan assets	7a	94	43155				0
b	Total plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c	94	43155				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Гotal
_а 	Contributions received or receivable from: (1) Employers	8a(1)		5405				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		72753				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						78158
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	102	21313				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1021313
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-943155
j	Transfers to (from) the plan (see instructions)	8j						
Pai	Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:
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	es in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		103	140		Amount
_	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
				10b	X			90000
d	, , ,			10d		X		30000
е	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X		
f	Has the plan failed to provide any benefit when due under the pla	n?		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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		B 	X	Yes	No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				0		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		f		Yes X	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.    Month							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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	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)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	N	lo			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				(		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<u> </u>	Yes	No			
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	<b>3c(1)</b> Name of plan(s): 13c(2	EIN(s)		13c(3	) PN(s)			

# 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

2017

OMB No. 1210-0110

	File as an attachment to Form	5500 or 8	5500-SF.						
Fo	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017								
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasor	nable caus	se is established	l.					
Α	A Name of plan WILLIAM F. DELUCA JR., MD, PC CASH BALANCE PLAN			it ber (PN	) <b>•</b>	002			
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WILLIAM F. DELUCA JR., MD, PC	<b>D</b> Employer	dentific	ation Number (E	EIN)				
Е	Type of plan: X Single Multiple-A Multiple-B F Prior year pla	100 or fewer	101-	-500 More th	an 500				
F	Part I Basic Information	<u> </u>	4		<u> </u>				
1	Enter the valuation date: Month <u>05</u> Day <u>31</u> Year <u>20</u>	)17							
2	Assets:								
	a Market value			2a		1064288			
	<b>b</b> Actuarial value			2b		1064288			
3	Funding target/participant count breakdown					(3) Total Funding Target			
	a For retired participants and beneficiaries receiving payment		0		0	0			
	<b>b</b> For terminated vested participants		1		535	535			
	C For active participants	7	1061120						
	<b>d</b> Total		8		1061655 10616				
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		1						
	Funding target disregarding prescribed at-risk assumptions			4a					
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading factor.			4b					
5	Effective interest rate			5		4.47 %			
6	Target normal cost			6		0			
	Attement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements ar accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.								
	SIGN HERE				08/24/201	8			
	Signature of actuary				Date				
N	MARK VIDAL				17-05069	)			
	Type or print name of actuary			Most	recent enrollme	nt number			
	THE HILB GROUP OF NEW ENGLAND, LLC				800-678-17	00			
	Firm name 931 JEFFERSON BLVD., STE 3001 WARWICK, RI 02886		Tel	ephone	number (includ	ing area code)			
	Address of the firm								

instructions

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

Page 2	? - ·
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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
							(a) C	arryover balance	)	(b) F	refundir	ig balance	
7		Ū	0 , ,		able adjustments (line 13 fror	•			0			33512	
8			•	•	nding requirement (line 35 fro				0			32020	
9	Amount	remaining	g (line 7 minus line	8)					0	1492			
10	Interest of	on line 9 ı	using prior year's	actual retu	rn of <u>2.28</u> %				0			34	
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:								
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							0	
					a over line 38b from prior yea e interest rate of4.66%							0	
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return										0		
	C Total available at beginning of current plan year to add to prefunding balance				·						0		
	d Portion of (c) to be added to prefunding balance							0					
12	2 Other reductions in balances due to elections or deemed elections							0					
13	3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								1526				
Р	Part III Funding Percentages												
14	4 Funding target attainment percentage							14	100.10%				
	15 Adjusted funding target attainment percentage							15	99.06%				
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.						16	86.77%					
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	Part IV Contributions and Liquidity Shortfalls												
18	Contribu	tions mad			ar by employer(s) and emplo	yees:							
(N	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	<b>(a)</b> I (MM-DE		(b) Amount p employer		(c	(c) Amount paid by employees		
1	2/15/2017	7		5405	0								
						Totals ▶	18(b)		540	)5 18(c)		0	
19					uctions for small plan with a				-				
	_				num required contributions fr			-	19a			0	
				•	usted to valuation date				19b			0	
20					ired contribution for current yea	ar adjusted t	o valuation d	ate	19c			5278	
20			itions and liquidity		e prior year?				L		X	Yes No	
			_		installments for the current y							Yes X No	
					nplete the following table as		-		ſ				
					Liquidity shortfall as of end			/ear					
		(1) 1s			(2) 2nd		(3)	3rd			(4) 4th		
			0		0			0				0	

P	art V	Assumpti	ons Used to Determine	Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount	rate:											
	<b>a</b> Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used						
	<b>b</b> Applica	able month (er	nter code)			21b	0						
22	Weighted	average retire	ement age			22	70						
23	Mortality	table(s) (see i	instructions) X Pres	cribed - 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 P	articipants? If "Yes," see instructi	ons regarding required a	ittachmen	tYes X No						
27				r applicable code and see instruct		27	<del></del>						
Pi	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years												
			•	ears		28	0						
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribu	tions from prior years	29	0						
30	Remainin	g amount of u	30	0									
Pa	Part VIII Minimum Required Contribution For Current Year												
31													
	<b>a</b> Target r	31a	0										
	<b>b</b> Excess assets, if applicable, but not greater than line 31a						0						
32	Amortizat	ion installmen	its:		Outstanding Bala	nce	Installment						
	a Net sho	ortfall amortiza	tion installment			0	0						
	<b>b</b> Waiver	amortization i	installment			0	0						
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter grant ) and the waived amount	ing the approval	33							
34	Total fund	ding requireme	ent before reflecting carryover	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0						
				Carryover balance	Prefunding balan	ice	Total balance						
35			se to offset funding	0		0	0						
36	-					36	0						
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	5278						
38			s contributions for current year										
			•			38a	5278						
	,	•		efunding and funding standard ca		38b	0						
39	Unpaid m	inimum requir	ed contribution for current year	ar (excess, if any, of line 36 over line	ne 37)	39	0						
40	Unpaid m	inimum requir	ed contributions for all years			40	0						
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	) (See Instructions	s)							
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:									
	<b>a</b> Schedu	le elected					2 plus 7 years 15 years						
	<b>b</b> Eligible	plan year(s) f	for which the election in line 41	la was made			<del>'                                    </del>						
42						42	<u> </u>						
43	Excess in	stallment acce	eleration amount to be carried	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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

F	Part I Annual Repo	rt Identification Information	or carroo train the mo	detions to the Form St	000-3F.	
	r calendar plan year 2017 or	fiscal plan year beginning	01 /01 /0017			
	- carefraat plant your 2017 of		01/01/2017	and ending	12/31/2	
Α	This return/report is for:	x a single-employer plan	a multiple-employe a list of participatin	r plan (not multiemployer g employer information ir	) (Filers checking accordance with	this box must attach the form instructions.)
_		☐ a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	x the final return/repo	ort		
		an amended return/report	a short plan year re	turn/report (less than 12	months)	
С	Check box if filing under:	🗴 Form 5558	automatic extensio			
-	and	_ <del> </del>		1		program
F3508	aprodustatives to	special extension (enter descrip				
	art II Basic Plan Inf	formation enter all requested int	formation			
1a	Name of plan				1b Three-di	git
	William F. DeLuca	Jr., MD, PC Cash Balance	Plan		plan nun	nber
			(PN) ►	002		
					1c Effective 01/01/	
2a	Plan sponsor's name (emp	ployer, if for a single-employer plan)			2b Employe	r Identification Number
	City or town, state or provi	oom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal	BOX)	etructions)		4-1673669
	William F. DeLuca	Jr. MD. PC	oode (ii foreign, see ii	istructions)		s telephone number
		,,				724-2444
						code (see instructions)
	5 Ulenski Drive		621111	code (see matructions)		
	US Albany NY 12205					
3a	Plan administrator's name	and address X Same as Plan Spons	sor		3b Administ	rotorio CINI
					36 Administr	IALUI S EIIN
					3c Administr	rator's telephone number
4	If the name and/or EIN of t	he plan sponsor or the plan name has	changed since the las	return/report filed for	4b EIN	
	this plan, enter the plan spe	onsor's name, EIN, the plan name and	the plan number from	the last return/report	4D EIN	
а	Sponsor's name				4d PN	
C	Plan Name				40 FN	
 5a	Total number of participant	s at the beginning of the plan year			5a	8
b	Total number of participant	s at the end of the plan year			5b	
С	Number of participants with	account balances as of the end of the	plan vear (only define	d contribution plans	_	0
d(	complete this item)	articipants at the beginning of the plan	***************************************	***************************************	5C	
		articipants at the beginning of the plan year		••••••	5d(1)	8
			***************************************	***************************************	5d(2)	0
е	less than 100% vested	terminated employment during the pla	an year with accrued b	enefits that were	5e	0
Ca	ution: A penalty for the late	or incomplete filing of this return/re	eport will be assesse	d unless reasonable ca	use is establish	ed
Un	der penalties of perjury and o	other penalties set forth in the instruction	ons. I declare that I have	e examined this return/re	nort including if	annliaghla a Cahadula
SD	or Schedule MB completed ief, it is true, correct, and cor	and sygned by an enrolled actuary, as t	well as the electronic v	ersion of this return/repo	rt, and to the bes	t of my knowledge and
SI	gn (e-		6/11/11	William F. DeLu	ca. Jr Mi	)
17.00	ERE Signature of plan adr	ninistrator	1 1 1 1 1			
	/ /	)	Date '	Enter name of individua		
11732119	GN -	<del>/</del>	9/11/18	William F. DeLu	ca, Jr., M.I	).
S. HERE!	RE Signature of employe	<del>n/p</del> lan sponsor	Date /	Enter name of individua	al signing as emp	loyer or plan sponsor
	. Daniel	<b>x</b> /				

Form		

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60	Mars all of the close see the state of the close state of the state of		<i>'</i> O :							<u> </u>
	Were all of the plan's assets during the plan year invested in eligible		•				***********	•••••	X Yes	∐No
D	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								XYes	□No.
	If you answered "No" to either line 6a or line 6b, the plan cannot								<u> </u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							X No	☐ Not de	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the				-			_	See instruc	
D.	irt III Financial Information						·			
7	Plan Assets and Liabilities		(a) Beginning (	of Yes				(b) End	of Year	
·a	Total plan assets	7a		43,1		+		(D) Liid	OI TEAT	0
b	Total plan liabilities	7b			0	<del> </del>				0
С	Net plan assets (subtract line 7b from line 7a)	7c	9	43,1		-				0
8	Income, Expenses, and Transfers for this Plan Year	200 GE NO	(a) Amoun					(b) T	otal	
а	Contributions received or receivable from:							<u> </u>		
	(1) Employers	8a(1)		5,4	05					
	(2) Participants	8a(2)			0					1000
	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b		72,7	′53	7	100	A decision	4 24 1	H4.1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			را د ي				78,	158
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1 0	21,3	113					
е	Certain deemed and/or corrective distributions (see instructions)	8e	1,0		0					
f	Administrative service providers (salaries, fees, commissions)	8f	0			75.75	The second secon			
g	Other expenses				0	72.945 74.57	7157			Andrew Comments
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	U				77		1 001	313
<u>''</u>	Net income (loss) (subtract line 8h from line 8c)	8h							1,021,	
÷			8i					05-27-53-11-3	(943,1	33)
Da	Transfers to (from) the plan (see instructions)	8 <u>j</u>				Attack				
-			f the List of Disc. (							
Ja	If the plan provides pension benefits, enter the applicable pension fe  1A 1C	eature cod	es from the List of Plan C	inara	cterist	ic Co	des in th	e instruci	tions:	
D	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Ch	naract	eristic	Code	es in the	instruction	ons:	
V 92/04										
4.0	rt V   Compliance Questions			••••		Τ	128020200			
<u>10</u>	During the plan year:			_	Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program) Were there any nonexempt transactions with any party-in-interest?			10a		Х	3.462			
	reported on line 10a.)			10b		x				
С				10c	x		77.7		9	0,000
d		idelity bor	nd, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	s by an insurance	100				<del> </del>		
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (3 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 2520.101	e required	notice or one of the	10i						
	exceptions to providing the notice applied under 25 Of it 2020. To it	J		101				on the track	officer (ACE)	

F	огт	550	00-SF	2017

Pari	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500 and line 11a below)	te Sch	nedule	SB	x	Yes [	□ No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	- 1	11a				0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?	sectio	n 302	of		Yes [	K No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver	is, and	d ente Da		of the		uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	/	12b				
С	Enter the amount contributed by the employer to the plan for the plan year	/	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	1 1	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	No	□ N	I/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	13a				C
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC?					/es	□ No	)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to				
13	3c(1) Name of plan(s): 13c(	2) EIN	(s)		13	c(3) PN	(s)

### DELUCACBAL

#### August 23, 2018

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

William F. DeLuca Jr., MD, PC Cash Balance Plan 14-1673669 / 002 For the plan year 01/01/2017 through 12/31/2017

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

# Schedule SB, line 19 - Discounted Employer Contributions

William F. DeLuca Jr., MD, PC Cash Balance Plan

14-1673669 / 002

For the plan year 01/01/2017 through 12/31/2017 Valuation Date: 05/31/2017

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	<b>12/15/2017</b> 05/31/2017	<b>\$5,405</b> 5,405	5,278	0	0	4.47	0
Totals for Deposited Contribution	***************************************	\$5,405	\$5,278	\$0	\$0		

# Schedule SB, line 8 - August 23, 2018

# Late Election to Apply Balances to Quarterly Installments

William F. DeLuca Jr., MD, PC Cash Balance Plan 14-1673669 / 002 For the plan year 01/01/2017 through 12/31/2017

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

# Schedule SB, Part V Summary of Plan Provisions

### William F. DeLuca Jr., MD, PC Cash Balance Plan 14-1673669 / 002

For the plan year 01/01/2017 through 12/31/2017

Employer: William F. DeLuca Jr., MD, PC dba DeLuca Plastic Surgery

Type of Entity - Professional Service Corporation

EIN: 14-1673669 TIN: Plan #: 002 Plan Type: Cash Balance

<u>Dates:</u> Effective - 01/01/2011 Year end - 12/31/2017 Valuation - 05/31/2017

Top Heavy Years - 2015, 2016, 2017

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 - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction. However, those employed

on 01/01/2011 enter on the coinciding or next entry date

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

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

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

Interest Credit Rate - Current Yr - 4.16667% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

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

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$215,000

Maximum 401(a)(17) compensation - \$270,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

# Schedule SB, Part V Summary of Plan Provisions

## William F. DeLuca Jr., MD, PC Cash Balance Plan 14-1673669 / 002

For the plan year 01/01/2017 through 12/31/2017

### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

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

## **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).

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

		File as	s an attachm	ent to Form 5500 or	5500-SF.					
Fo	r calendar plan year 2017 or fiscal p			/2017	and ending	12/3	1/2017	· · · · · · · · · · · · · · · · · · ·		
▶ Round off amounts to nearest dollar.										
	Caution: A penalty of \$1,000 will be	e assessed for late filing	of this report	t unless reasonable ca	ause is establishe	d.				
A	A Name of plan B Three-digit									
Wil	lliam F. DeLuca Jr., MD,	PC Cash Balance	Plan		plan numb	er (PN)	<b>&gt;</b>	002		
		·					#####			
C	Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5	5500-SF		D Employer Ide	entification	Number	(EIN)		
	liam F. DeLuca Jr., MD,					-167366		(=)		
								<del></del>		
	Гуре of plan:区Single ☐ Multiple	e-A Multiple-B	F	Prior year plan size:	x 100 or fewer	101-500	More	than 500		
	Basic Information				-					
_1_	Enter the valuation date:	Month 05	Day31	Year <u>2017</u>			***			
2	Assets:				*	<b>1</b>				
	a Market value			• • • • • • • • • • • • • • • • • • • •		2a		1,0	64,288	
	<b>b</b> Actuarial value			*****************		2b		1.00	64,288	
3	Funding target/participant count b	reakdown:	***************************************	(1) Number of participants	(2) Vested Targ			(3) Total Fundi Target		
٠	a For retired participants and bene	eficiaries receiving paym	nent	0			0		0	
	<b>b</b> For terminated vested participar	nts	•••••	1		5	35		535	
	C For active participants			7		1,061,1	20	1,06	61,120	
	d Total			8		1,061,6	55	1,06	61,655	
4	. If the plan is in at-risk status, chec			(b)						
	a Funding target disregarding pre-	scribed at-risk assumption	ons	• • • • • • • • • • • • • • • • • • • •		4a	and state of state of state		er izera, eta izen.	
e	<b>b</b> Funding target reflecting at-risk at-risk status for fewer than fi	assumptions, but disregave consecutive years an	arding transit nd disregardin	ion rule for plans that g loading factor	have been in	4b				
5	Effective interest rate					5		4.	47 %	
6	Target normal cost					6		-	0	
	ement by Enrolled Actuary the best of my knowledge, the information supply	lied in this schedule and accomp	panying schedules	s, statements and attachmen	ts. if any is complete an	d accurate Fa	ach presilher	accumntion was ann	nlied in	
con	the best of my knowledge, the information supplordance with applicable law and regulations. In abination, offer my best estimate of anticipated of anticipated or anticipat	my opinion, each other assumpt experience under the plan.	lien is reasonable	(taking into account the exp	erience of the plan and	easonable ex	pectations) a	nd such other assump	otions, in	
						08,	/24/201	.8		
	Si	ignature of actuary					Date	,		
	Mark Vidal			•	·	17-	-05069	•		
	Туре о	r print name of actuary		•		Most recen	t enrollme	ent number		
	The HILB Group o	f New England, I	LC	·		(800)	678-17	700		
		Firm name			Tele	ohone nun	nber (inclu	iding area code)		
	931 Jefferson Bl	vd., Ste 3001								
	US Warwick	RI 02886	*		•					
		Address of the firm				•			,	
If the	actuary has not fully reflected any r	egulation or ruling promi	ulgated unde	r the statute in comple	eting this schedule	, check the	box and	see [	<u> </u>	

Schedule SB (Form 5500) 2017	Page 2		

No.	au D		^								
Ра	rt II Be	ginning of Year	Carryov	er and Prefunding Bal	ances	(a)	Carryover balance		(b)	Prefundi	ng balance
7				licable adjustments (line 13 fr				0			33,512
8				funding requirement (line 35							
				• • • • • • • • • • • • • • • • • • • •				0			32,020
								0			1,492
11				eturn of2_28%	• • • • • • • • • • • • • • • • • • • •	(Exilia)		0			34
	•			ed to prefunding balance: ne 38a from prior year)							
			•	' ' '		Dir					0
			-	38a over line 38b from prior year live interest rate of4 . 60							0
				chedule SB, using prior year's							0
	<b>c</b> Total avai	lable at beginning of	current pla	an year to add to prefunding b	alance .		e v				0
	<b>d</b> Portion of	(c) to be added to p	refunding I	palance							0
12	Other reduct	ions in balances due	to election	ns or deemed elections				0			0
_13	Balance at b	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12)				0			1,526
Pa	rt III F	unding Percent	ages								
14	Funding targ	et attainment percen	tage	• • • • • • • • • • • • • • • • • • • •						14	100.10 %
15	Adjusted fun	ding target attainmer	nt percenta	ge						15	99.06 %
	current year's	s funding requiremer	nt	s of determining whether carr				to red	uce	16	86.77 %
	If the current	value of the assets	of the plan	is less than 70 percent of the	funding t	arget, enter	such percentage			17	%
Pa	rt IV C	ontributions an	d Liquid	lity Shortfalls							
_18	Contributions	made to the plan fo	r the plan	year by employer(s) and empl	oyees:				7.1111		
(Mi	(a) Date M-DD-YYYY)	(b) Amount p employer(		(c) Amount paid by employees	(a (MM-E	) Date D-YYYY)	(b) Amount p employe	paid b	у		unt paid by oyees
	/15/2017		5,405		(		omproyo.	.(0)		Ciripi	0,000
	- F - E - E - E - E - E - E - E - E - E				Totals	► 18(b)		5,	<sub>105</sub> 18(c)		0
19	Discounted e	mployer contribution	s see in:	structions for small plan with a	valuation	date after	the beginning of the	_			
				nimum required contributions				19a			0
	<b>b</b> Contribution	ons made to avoid re	strictions a	djusted to valuation date				19b			0
	<b>c</b> Contribution	ons allocated toward	minimum ı	equired contribution for curre	nt year ad	justed to va	F-	19c			5,278
		tributions and liquidi									
	a Did the pla	n have a "funding sh	nortfall" for	the prior year?	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • •		<u>x</u>	Yes No
	<b>b</b> If line 20a	is "Yes," were requir	ed quarter	ly installments for the current	year made	e in a timely	manner?				Yes X No
	C If line 20a	is "Yes," see instruct	tions and c	omplete the following table as	applicabl	e:			17.6	(1.27	-
				Liquidity shortfall as of end			n year				71. Santa 38.00 1
	(1)	1st		(2) 2nd		(3)	3rd	ļ	(	4) 4th	)
								<u> </u>			

Pa	art V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost						
21	Discount rate:									
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment 6.48	: %	N/A, full yield curve used				
	<b>b</b> Applicable month	0								
22	Weighted average re	70								
23	Mortality table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	ute				
Pai	rt VI   Miscellane	eous items								
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required									
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes X No									
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	d attachme	nt Yes 🗓 No				
27			ter applicable code and see instru		27					
Pai	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid minimum req	uired contributions for all prior	years		28					
29	Discounted employer	r contributions allocated toward	d unpaid minimum required contrib	outions from prior years	29					
						(				
CONTRACT.	4.00 CANONE		ntributions (line 28 minus line 29)		30					
Secret Second		Required Contribution								
31		nd excess assets (see instruct				I				
-					31a	(				
	<b>b</b> Excess assets, if a	pplicable, but not greater than	line 31a		31b	C				
	Amortization installm			Outstanding Bal	ance	Installment				
			• • • • • • • • • • • • • • • • • • • •		0	C				
					0	C				
33			iter the date of the ruling letter gra- ——) and the waived amount.		33					
34	Total funding requiren	nent before reflecting carryover.	/prefunding balances (lines 31a - 3	lb + 32a + 32b - 33)	34	C				
			Carryover balance	Prefunding Bala	ance	Total balance				
35	Balances elected for	use to offset funding								
			0		0	O				
36	Additional cash requi	rement (line 34 minus line 35)			36	O				
37			ontribution for current year adjuste		37	5,278				
38	Present value of exce	ess contributions for current ye	ar (see instructions)							
i	a Total (excess, if any	y, of line 37 over line 36)			38a	5,278				
	<b>b</b> Portion included in	line 38a attributable to use of p	orefunding and funding standard c	arryover balances	38b	0				
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)									
40	40 Unpaid minimum required contributions for all years									
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedule elected									
	b Eligible plan year(s) for which the election in line 41a was made									
42	Amount of acceleration	n adjustment			42					
43	Excess installment acc	celeration amount to be carried	l over to future plan years		43					

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

### William F. DeLuca Jr., MD, PC Cash Balance Plan 14-1673669 / 002

For the plan year 01/01/2017 through 12/31/2017

Valuation Date:

05/31/2017

**Funding Method:** 

As prescribed in IRC Section 430

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

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate 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 the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % Segment 1 0 - 5 1.68 Segment 2 6 - 20 3.83 Segment 3 > 20 4.77

Segment rates for the Valuation Date as

Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA								
Segment #	Year	Rate %						
Segment 1	0 - 5	4.16						
Segment 2 6 - 20 5.72								
Segment 3 > 20 6.48								

Pre-Retirement - Mortality Table -

None

Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None

Interest Credit Rate -Current Yr - 4.16667% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

Post-Retirement -Mortality Table -17C - 2017 Combined

> Cost of Living -None

**Asset Valuation Method:** 

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest -8.5% CB Projection Rate - 5%

Post-Retirement - Interest -8.5%

> Mortality Table -183F - 1983 Individual Annuity (female)

Permissively Aggregated Plans - Tested as a Single Plan

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

Testing Age - Age 65 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

William F. DeLuca Jr., MD, PC Cash Balance Plan 14-1673669 / 002

For the plan year 01/01/2017 through 12/31/2017

### 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