For	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee Re	etirement	2017		
	epartment of Labor enefits Security Administration	Income Security Act of 1974		957(b) and 6058(a) of the		This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a		tructions to the Form 55	500-SF.	Public Inspection		
Part I		dentification Information			10 1 10 0 1 0			
For calenda	ar plan year 2017 or fis	cal plan year beginning 02/01/2			/31/2018	the data have seen to the short		
A This ret	urn/report is for:	a single-employer plan	list of participating e	mployer information in ac		king this box must attach a rith the form instructions.)		
B This rot	urn/report is	a one-participant plan	a foreign plan					
		the first return/report						
		an amended return/report	a short plan year retu	Irn/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descr	ription)					
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name					1b Three	e-digit number		
LONG ISLA	ND KIDNEY CARE DEI	FINED BENEFIT PLAN			(PN)			
			1c Effec	tive date of plan 02/01/2008				
Mailing	ponsor's name (employ g address (include roon		2b Empl (EIN)	oyer Identification Number 26-0315154				
	town, state or province	tructions)	2c Sponsor's telephone number 516-621-1689					
			2d Business code (see instructions)					
3 BEECH TR GLENHEAD,						621111		
3a Plan a	dministrator's name an	d address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
					20.01			
						nistrator's telephone number		
		plan sponsor or the plan name hat sor's name, EIN, the plan name a			4b EIN			
•	or's name		·		4d PN			
C Plan N	lame							
5a Totalı	number of participants	at the beginning of the plan year			5a	2		
		at the end of the plan year			5b	2		
		account balances as of the end of			5c			
d(1) Tota	al number of active par	ticipants at the beginning of the pl	an year		5d(1)	2		
d(2) Tot	al number of active par	ticipants at the end of the plan year	ar		5d(2)	2		
		terminated employment during the			5e	0		
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	ise is estal	olished.		
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	oort, includi	ng, if applicable, a Schedule		
SIGN		valid electronic signature.	10/22/2018	MOHSEN PAHLAVAN	1			
HERE	Signature of plan ac		Date	Enter name of individu		as plan administrator		
SIGN		valid electronic signature.	10/22/2018	MOHSEN PAHLAVAN		ao pian aoministrator		
HERE	Signature of employ		Date			as employer or plan sponsor		
For Paperw		e, see the Instructions for Form 5500			aar sigining i	Form 5500-SF (2017)		

lotice, see Pape

v.170203

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)												
Pa	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
а	Total plan assets	7a	1287559	1567673								
b	Total plan liabilities	7b										
C	Net plan assets (subtract line 7b from line 7a)	7c	1287559	1567673								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	Contributions received or receivable from: (1) Employers	8a(1)	200000									
	(2) Participants	8a(2)	0									
	(3) Others (including rollovers)	8a(3)										

	(Z) Panicipanis	oa(z)	0	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	80114	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		280114
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
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		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		280114
j	Transfers to (from) the plan (see instructions)	8j		
_			•	

Part IV Plan Characteristics

1A 3D	of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		х	
С	Was the plan covered by a fidelity bond?		х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х	
e	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.)		х	
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-end.) 10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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Page 3- 1

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Scho	edule S	зB	×	Yes	No
11a	Ent	er 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 302 of ERISA? [If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter Day		of the lett _ Year		ng
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Yes	XI	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the] [Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)

	SCH	EDULE SB		Single-Em	nlov	ver Define	d Ber	hefi	it Plan			OMB N	No. 1210-01	10
		orm 5500)				rial Inform							2017	
		ment of the Treasury al Revenue Service		This schedule is requ	uirod to	be filed under or	notion 10	1 of +	ha Employe			-		
		partment of Labor befits Security Administration	R	Retirement Income S	ecurity		SA) and	section			Th		is Open to	Public
	Pension Ber	nefit Guaranty Corporation				chment to Form	,		-SF.			Ins	spection	
F	or calendar p	lan year 2017 or fisca	al plan yea		/01/201				and ending	g 01/:	31/201	8		
		amounts to nearest												
	Caution: A	penalty of \$1,000 wi	ll be asses	sed for late filing of t	this repo	ort unless reasor	able cau	ise is	established	d.				
Α	Name of pla							в	Three-dig	git				
	LONG ISLA	ND KIDNEY CARE D	DEFINED E	SENEFII PLAN					plan num	ber (PN	l)	•	001	
<u> </u>									Family and	ا جام به دانان			- 1 . 1 .	
C	•	or's name as shown o ND KIDNEY CARE	n line za o	r Form 5500 or 5500	J-5F			D	Employer	26-03			=11N)	
Е	Type of plan	: X Single Mul	tiple-A	Multiple-B		F Prior year pla	an size: 🔉	10	0 or fewer	101-	-500	More th	nan 500	
	Part I	Basic Informatio	on <u> </u>					_			-	_		
1		valuation date:		nth 02 Da	ay <u>01</u>	Year _20)17							
2	Assets:				,									
	a Market	value								2a				1287559
	b Actuari	al value								2b				1287559
3	Funding	arget/participant cour	nt breakdo	wn			· · /	Numl rticip	ber of ants	. ,	sted F Targe	unding t		al Funding arget
	a For ret	red participants and b	peneficiarie	es receiving payment	t				0			0		0
	b For ter	minated vested partic	ipants						0			0		0
	C For act	ive participants							2	2 1075634				1075634
	d Total								2			1075634		1075634
4	If the plai	n is in at-risk status, c	heck the b	ox and complete line	es (a) ai	nd (b)								
	a Fundin	g target disregarding	prescribed	at-risk assumptions						4a				
		g target reflecting at-r status for fewer than f								4b				
5		interest rate		-						5				6.10%
6	Target no	ormal cost								6				338781
St	To the best of accordance wit	Enrolled Actuary my knowledge, the information h applicable law and regulat ffer my best estimate of antion	ions. In my op	inion, each other assumptio										
	SIGN HERE											10/18/201	8	
			Signatu	re of actuary								Date		
	THEODORE	ANDERSEN, M.A.A.	A., MSPA									17-02034	4	
	Type or print name of actuary Most recent enrollment number													
	PENSION A	SSOCIATES									2	03-356-03	306	
	2001 WEST STAMFORD	MAIN STREET, STE , CT 06902		m name					Te	lephone	e numt	er (incluc	ling area c	ode)
			Addre	ss of the firm				_						
	ne actuary ha tructions	is not fully reflected a	ny regulati	on or ruling promulg	ated un	der the statute in	complet	ing th	nis schedule	e, check				
Fo	or Paperwor	k Reduction Act Not	tice, see tl	ne Instructions for	Form 5	500 or 5500-SF.					So	hedule S	B (Form §	5500) 2017 v. 170203

Pa	Part II Beginning of Year Carryover and Prefunding Balances														
_								(a) C	arryover balar	nce	((b) Prefu	ndin	g bala	nce
7		0	0 1 2		able adjustments (line 13 fr					0				13	949
8			•		nding requirement (line 35 f	•				0					0
9	Amount	remaining	g (line 7 minus line	9 8)						0				13	949
10	Interest of	on line 9 (using prior year's	actual retur	n of <u>5.00</u> %					0		697			697
11	Prior yea	r's exces	s contributions to	be added t	o prefunding balance:										
	a Preser	nt value o	f excess contribut	ions (line 3	8a from prior year)									160	450
					over line 38b from prior ye interest rate of <u>6.31</u>									10	124
	• •		•		dule SB, using prior year's	actual									
					r to add to prefunding baland	 ce								170	0 574
	d Portio	n of (c) to	be added to pref	unding bala	ance										0
12	Other ree	ductions i	n balances due to	elections	or deemed elections					0					0
					ine 10 + line 11d – line 12)									14	646
	art III				,										
	Part III Funding Percentages 14 Funding target attainment percentage								14	4	11	8.34%			
												1	5	11	9.70%
	 15 Adjusted funding target attainment percentage								6	14	9.46%				
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage								%							
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls										
18			•	, ,	ar by employer(s) and emp	- <u>´</u>									
()	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		I) Date(b) Amount paid byDD-YYYY)employer(s)				by	(c) Amount paid by employees			by
0	9/14/2018	3		200000	0										
						-		40(1)				• • •			
						Totals		18(b)				8(c)			0
19			-		uctions for small plan with a					T	1				
				•	num required contributions usted to valuation date	•				19a 19a					0
														10	0
20					red contribution for current ye	ear aujuste		alualion u	ale		5			10	1745
 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? 							Π	Yes	X No						
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?										-					
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	s applicabl	e:								
					Liquidity shortfall as of er	nd of quart	er of t					(4.1		
		(1) 1s ⁻	ι		(2) 2nd	(2) 2nd			(3) 3rd			(4) 4th			

Page 3

Part V Assumptions Used to Determine Funding Target and Target Normal Cost												
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %			N/A, full yield curve used				
	b Applica	able month (er	iter code)			21b		0				
22	Weighteo	d average retire	ement age			22		62				
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Presc	ribed - separate	Subs	titute					
Pa	art VI	Miscellane	ous Items									
24		-		arial assumptions for the current pl			-		10			
25	Has a me	ethod change b	been made for the current plar	n year? If "Yes," see instructions re	egarding required attach	ment		Yes 🗙 N	lo			
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27	•	•	0	r applicable code and see instruction	0 0	27						
Pa	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years							
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ears		28		0				
29				unpaid minimum required contribut		29		0				
30	Remainir	ng amount of u	npaid minimum required conti	ributions (line 28 minus line 29)		30		0				
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Target normal cost and excess assets (see instructions):											
	a Target	normal cost (lii	ne 6)			31a		338781				
	b Excess	s assets, if app	licable, but not greater than lir	ne 31a		31b	197279					
32	Amortiza	tion installmen	ts:		Outstanding Bala	alance Installment						
	a Net she	ortfall amortiza	tion installment			0		0				
	b Waiver amortization installment											
	b Waiver	amonization	nstallment			0		0				
33	If a waive	er has been ap	proved for this plan year, ente	er the date of the ruling letter granti) and the waived amount		33		0				
	If a waive (Month _	er has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter granti				0 141502				
	If a waive (Month _	er has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter granti) and the waived amount		33 34						
34	If a waive (Month _ Total fun Balances	er has been ap D ding requireme s elected for us	proved for this plan year, ente ay Year	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	33 34		141502				
34	If a waive (Month _ Total fun Balances requirem	er has been ap D ding requireme s elected for us ent	proved for this plan year, enter ay Year ent before reflecting carryover, e to offset funding	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance	1b + 32a + 32b - 33) Prefunding balar	33 34 nce		141502 Total balance				
34 35	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash requirent tions allocated	proved for this plan year, enter ay Year ent before reflecting carryover, e to offset funding ment (line 34 minus line 35) toward minimum required cor	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0	1b + 32a + 32b - 33) Prefunding balar Prefunding balar	33 34 nce 0		141502 Total balance 0				
34 35 36	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash require tions allocated	proved for this plan year, enter ay Year ent before reflecting carryover, e to offset funding ment (line 34 minus line 35) toward minimum required cor	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted	1b + 32a + 32b - 33) Prefunding balar Prefunding balar	33 34 ace 0 36		141502 Total balance 0 141502				
34 35 36 37	If a waive (Month Total fun- Balances requirem Additiona Contribut 19c)	er has been ap D ding requireme s elected for us ent al cash require tions allocated value of excess	proved for this plan year, enter ay Year ent before reflecting carryover, se to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted	1b + 32a + 32b - 33) Prefunding balar	33 34 ace 0 36		141502 Total balance 0 141502				
34 35 36 37	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash require tions allocated value of excess excess, if any,	proved for this plan year, enter ay Year ent before reflecting carryover, be to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36)	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions)	1b + 32a + 32b - 33) Prefunding balar o valuation date (line	33 34 ace 0 36 37		141502 Total balance 0 141502 181745				
34 35 36 37 38	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash requirent tions allocated value of excess excess, if any, n included in lir	proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) te 38a attributable to use of pr	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions)	1b + 32a + 32b - 33) Prefunding balar to valuation date (line	33 34 ace 0 36 37 38a		141502 Total balance 0 141502 181745 40243				
34 35 36 37 38	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash requirent tions allocated value of excess excess, if any, n included in lir ninimum requir	proved for this plan year, enter ay Year ent before reflecting carryover, be to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) te 38a attributable to use of pr ed contribution for current year	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions)	b + 32a + 32b - 33) Prefunding balar Prefunding balar o valuation date (line ryover balances e 37)	33 34 ace 0 36 37 38a 38b		141502 Total balance 0 141502 181745 40243 0				
34 35 36 37 38 38 39 40	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash require tions allocated value of excess excess, if any, n included in lir ninimum requir	proved for this plan year, enter ay Year ent before reflecting carryover, be to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) te 38a attributable to use of pr ed contribution for current year ed contributions for all years	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over line	1b + 32a + 32b - 33) Prefunding balar to valuation date (line ryover balances e 37)	33 34 0ce 0 36 37 38a 38b 39 40		141502 Total balance 0 141502 181745 40243 0 0				
34 35 36 37 38 39 40 Par	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash requirent tions allocated value of excess excess, if any, n included in lirn ninimum requir ninimum requir	proved for this plan year, enter ay Year ent before reflecting carryover, be to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) te 38a attributable to use of pr ed contribution for current year ed contributions for all years	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over lin Pension Relief Act of 2010	1b + 32a + 32b - 33) Prefunding balar to valuation date (line ryover balances e 37)	33 34 0ce 0 36 37 38a 38b 39 40		141502 Total balance 0 141502 181745 40243 0 0				
34 35 36 37 38 39 40 Par	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash requirement tions allocated value of excess excess, if any, n included in lim ninimum requir Pension I tion was made	proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor is contributions for current year of line 37 over line 36) the 38a attributable to use of pr ed contribution for current year ed contributions for all years Funding Relief Under I to use PRA 2010 funding reli	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over lin Pension Relief Act of 2010	1b + 32a + 32b - 33) Prefunding balar to valuation date (line ryover balances e 37) (See Instructions	33 34 0ce 0 36 37 38a 38b 39 40		141502 Total balance 0 141502 181745 40243 0 0				
34 35 36 37 38 39 40 Par	If a waive (Month	er has been ap D ding requirement s elected for us ent al cash requirent tions allocated value of excess excess, if any, n included in lin ninimum requir ninimum requir Pension I tion was made ule elected	proved for this plan year, enter ay Year ent before reflecting carryover, be to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) te 38a attributable to use of pr ed contribution for current year ed contributions for all years Funding Relief Under I to use PRA 2010 funding reli	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over line Pension Relief Act of 2010 ef for this plan:	b + 32a + 32b - 33) Prefunding balar ro valuation date (line ryover balances e 37) (See Instructions	33 34 0ce 0 36 37 38a 38b 39 40 5)		141502 Total balance 0 141502 181745 40243 0 0 0 0				
34 35 36 37 38 39 40 Par 41	If a waive (Month	er has been ap D ding requireme s elected for us ent al cash requirement tions allocated value of excess excess, if any, n included in lir ninimum requir Pension I tion was made ule elected e plan year(s) f	proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) te 38a attributable to use of pr ed contribution for current year ed contributions for all years Funding Relief Under I to use PRA 2010 funding reli- cor which the election in line 41	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over line Pension Relief Act of 2010 ef for this plan:	1b + 32a + 32b - 33) Prefunding balar to valuation date (line ryover balances e 37) (See Instructions	33 34 0ce 0 36 37 38a 38b 39 40 5)	2 pl	141502 Total balance 0 141502 181745 40243 0 0 0 0 0 0 0 0 0 0 0 0 0				

		D-4				OMB Nos. 1210-0110		
Form 5500-SF Department of the Treasury	Short Form Annual	Benefit Plan	r Small Employe	•e		1210-0089		
Internal Revenue Service	This form is required to be				1	2017		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Ad	ct of 1974 (ERISA), and se emal Revenue Code (the (of T	This Form	is Open to Public		
Pension Benefit Guaranty Corporation	 Complete all entries in acc 	-	-		La	spection		
Part I Annual Report lo	lentification Information		aons to the point 2000-2	<u>.</u>				
For calendar plan year 2017 or fisca		02/01/2017	and ending	01/3	1/2018			
	a single-employer plan	a multiple-employer pl	an (not multiemployer) (Fil	ers che	cking this bo	x must attach		
A This return/report is for:	- -		nployer information in acc	ordance	with the for	m instructions.)		
B This return/report is:	a one-participant plan the first retum/report	a foreign plan the final return/report						
			akanan (laan than 19 man	tha)				
. L	an amended return/report	a snort plan year retur	n/report (less than 12 mon	ins)				
C Check box if filing under:	x Form 5558	automatic extension		[] u	OFVC progra	m		
Ē	special extension (enter descrip	ztion)						
Part II Basic Plan Infor	mation — enter all requested ir	formation						
1a Name of plan					ee-digit			
Long Island Kidney C	are Defined Benefit Pl	an			n number I) ►	001		
4					/01/2008			
	, apt., suite no. and street, or P.O.				iployer identi N) 26-03	fication Number		
City or town, state or province,	,							
Long Island Kidney C		2c Sponsor's telephone number (516) 621–1689						
			ſ			(see instructions)		
3 Beech Tree Lane 621111								
US Glenhead NY 11545								
3a Plan administrator's name and	address 🗶 Same as Plan Spor	nsor		3b Adı	ministrator's	EIN		
				3c Adi	ministrator's	telephone number		
	plan sponsor or the plan name has			4b EIN	1	************		
	or's name, EIN, the plan name an	d the plan number from th						
a Sponsor's name				4d PN				
¢ Plan Name								
5a Total number of participants at	the beginning of the plan year			5a	Γ	2		
	t the end of the plan year			5b		2		
• •	count balances as of the end of th			5c				
, ,	***					<u></u>		
d(1) Total number of active partic		-		5d(1)		2		
d(2) Total number of active partic				5d(2)		2		
e Number of participants who ter less than 100% vested	minated employment during the p	•	efits that were	5e		0		
Caution: A penalty for the late o	r incomplete filing of this return	/report will be assessed	uniess reasonable causi	e is est	ablished			
Under penalties of perjury and other						able, a Schedule		
SB or Schedule MB completed and	d signed by an enrolled actuary, a							
belief, it is true, correct, and compl	ete.	1 1-1-A-						
sign	<u>z</u>	/9//8//8	Mohsen Pahlavan					
HERE Signature of plan admin	histrator	Date 1	Enter name of individual s	signing :	as plan admi	nistrator		
SIGN		0/18/18	Mohsen Pahlavan					
HERE Signature of employer/	plan sponsor	Date	Enter name of individual s	signing	as employer	or plan sponsor		

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_									
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No							
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	XYes No							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instructions.)							
Р	Part III Financial Information								

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,287,559	1,567,673
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,287,559	1,567,673
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	200,000	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	80,114	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		280,114
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
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		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		280,114
j	Transfers to (from) the plan (see instructions)	8j		
_				

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part 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 contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Page **3 -**

Part	t VI	Pension Funding Compliance							
11									No
_11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	********	11a					0
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the 0 ?		on 302 of	•••••		Yes	x	No
	,	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		iver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver	structions, an	d enter t Day		of the <u>Ye</u>		uling	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Enter t	he minimum required contribution for this plan year.	••••••	12b					
C Enter the amount contributed by the employer to the plan for the plan year									
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)								
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?	••••••		Yes 🗌	No		N/A	
Part	t VII	Plan Terminations and Transfers of Assets							
13a	Has a I	resolution to terminate the plan been adopted in any plan year?	•••••] Yes	х	No		
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?								
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.)									
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)									

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

Long Island Kidney Care Defined Benefit Plan 26-0315154 / 001 For the plan year 02/01/2017 through 01/31/2018

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

Long Island Kidney Care Defined Benefit Plan 26-0315154 / 001 For the plan year 02/01/2017 through 01/31/2018 Valuation Date: 02/01/2017

Adjusted Adjusted Prior Year Adjusted Effective Penalty Date Amount Contribution Contribution Quarterly Rate Rate **Deposited Contribution** 09/14/2018 \$200,000 0 Applied to Additional Contribution 02/01/2017 44,285 40,243 0 6.1 0 0 0 0 Applied to MRC 02/01/2017 155,715 141,502 6.1 Totals for Deposited Contribution \$181,745 \$0 \$0 \$200,000

Schedule SB, Part V **Summary of Plan Provisions**

Long Island Kidney Care Defined Benefit Plan 26-0315154 / 001

For the plan year 02/01/2017 through 01/31/2018

Employer: Type of Entity -	Long Island Kidney Care S Corporation EIN: 26-0315154 TIN: Plan #: 001 Plan Type: Defined Benefit					
<u>Dates:</u>	Effective - 02/01/2008 Year end - 01/31/2018 Valuation - 02/01/2017 Top Heavy Years - 2009, 2010, 2011, 2012, 2013, 2014, 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 - 500 Vesting - 1000					
Plan Entry -	02/01 or 08/01 the plan year on or next following eligibility satisfaction. However, those employed on 02/01/2008 enter on 02/01/2008					
Retirement: Normal -	First of month coincident with or next following attainment of age 62 and completion of 10 years of participation					
Early -	Not provided					
Average Compensation:	Highest 3 consecutive years of service					
	Highest 3 consecutive top heavy years of participation					
Plan Benefits: Retirement -	Derived from the unit credit benefit formula below rounded to the nearest dollar:					
	10% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)					
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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum					
Early Retirement -	None					
Death Benefit -	Present Value of Accrued Benefit					
Disability Benefit -	None					
<u>Top Heavy Minimum:</u>	Provided in another plan					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$220,000					
	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					

Schedule SB, Part V Summary of Plan Provisions

Long Island Kidney Care Defined Benefit Plan

26-0315154 / 001

For the plan year 02/01/2017 through 01/31/2018

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

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %		
	Segment 1	0 - 5	2.00		
	Segment 2	6 - 20	3.91		
	Segment 3	> 20	4.66		

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	17E - 2017 Applicable Mortality Table for 417(e) (unisex)

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

Long Island Kidney Care Defined Benefit Plan 26-0315154 / 001

For the plan year 02/01/2017 through 01/31/2018

Valuation Date:	02/01/2017								
	As proporihad in IPC 9	Section 42	h						
Funding Method:	•	s prescribed in IRC Section 430 ligibility age at last birthday and other ages at last birthday							
Age	0 , 0	jibility age at last birthday and other ages at last birthday ν participants are included in current year's valuation							
		participants are included in current year's valuation test 3 consecutive years of service							
	0				-00/ 1				
Form of Payment	nt - Assumed form of payment for funding is 50% Life Annuity and 50% lump sum equivalent of n Funding Target for lump sum is the greater of the present value of accrued benefit computed segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump su actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan a equivalence interest and mortality or 417(e) Minimum						d using funding It date of accrued sum on plan e lesser amount		
Interest Rates	- Segment rates for the permitted under IRC 43		ate as	Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA					
	Segment #	Year	Rate %	Segment #	Year	Rate %			
	Segment 1	0 - 5	1.60	Segment 1	0 - 5	4.16			
	Segment 2	6 - 20	3.79	Segment 2	6 - 20	5.72			
	Segment 3	> 20	4.74	Segment 3	> 20	6.48			
Pre-Retirement -	Mortality Table -	None							
	Early Retirement Table	e - None							
	Turnover Table -	None							
	Disability Table -	None							
	Salary Scale -	None							
	Expense Load -	None							
	Ancillary Ben Load -	None							
Post-Retirement -	Mortality Table -	17C - 2	2017 Combin	ed					
	Cost of Living -	None							
	Lump Sum -	17E - 2	017 Applica	ole Mortality Table	for 417(e) (ur	nisex) at 5%			
Asset Valuation Method:	Fair market value of as	ssets adju	sted for cont	ributions under IRC	C 430(g)(4)				
Discrimination Test Assumption	<u>is:</u>								
HCE Determination -	Based on all employee	es							

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

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Long Island Kidney Care Defined Benefit Plan

26-0315154 / 001

For the plan year 02/01/2017 through 01/31/2018

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

Pre-Retirement -	Interest -	8.5%				
Post-Retirement -		8.5% U84 - 1984 Unisex				
Permissively Aggregated Plans -	Tested as a Single Plan Use average compensation to calculate the benefit accrual rate (annual meth					
Compensation -						
Testing Age -	Normal retirement a	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% Surv	vivor Benefits				

401(a)(26) Testing:

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

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

SCHEDULE SB	Single-Employer	· Defined Ber	nefit Plan			OMB No. 1210-0110		
(Form 5500)								
Department of the Treasury Internal Revenue Service	2017							
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation								
	File as an attachme							
For calendar plan year 2017 or fiscal plan		/2017	and ending	g_01/	/31/20	018		
 Round off amounts to nearest dol Caution: A penalty of \$1,000 will be 		inform reasonable aci	uso is ostablished					
A Name of plan	assessed for fale fining of this report t	uniess leasonable cat	B Three-digi					
Long Island Kidney Care De	fined Benefit Plan		plan numb		▶	001		
5 -								
			D Caralanaa la					
C Plan sponsor's name as shown on lir	ie 2a of Form 5500 or 5500-SF		D Employer Id			nber (EIN)		
Long Island Kidney Care				5-0315	5154			
E Type of plan: X Single Multiple	-A Multiple-B	Prior year plan size:	100 or fewer]101-5	00	More than 500		
Part I Basic Information								
1 Enter the valuation date:	Month 02 Day 01	Year 2017						
2 Assets:								
				2a		1,28	87,559	
b Actuarial value	•••••			2b		1,28	87,559	
3 Funding target/participant count br	eakdown:	(1) Number of participants	(2) Vested Tar		ng (3) Total Fund Target		ng	
a For retired participants and bene	eficiaries receiving payment	0			0	,	0	
b For terminated vested participan	0, 1	0			0		0	
C For active participants		2	1,075,634			34 1,075,634		
d Total		2		1,075	,634	1,0	75,634	
4 If the plan is in at-risk status, chec	k the box and complete lines (a) and	(b)						
a Funding target disregarding pres	scribed at-risk assumptions			4a				
at-risk status for fewer than fi	assumptions, but disregarding transiti ve consecutive years and disregardin		nave been in	4b				
				5		6	.10 %	
		••••••		6		3:	38,781	
Statement by Enrolled Actuary To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated of	my opinion, each other assumption is reasonable							
SIGN HERE	26 9				10/18	3/2018		
S	ignature of actuary				C	Date		
Theodore Anderse	en, M.A.A.A., MSPA		 ,,		17-02	2034		
	or print name of actuary					nroliment number		
Pension Associat	:es			(20)3) 3	56-0306		
2001 West Main S	Firm name Street, Ste 230		Tel	ephone	numbe	r (including area code)	ł	
US Stamford	CT 06902							
	Address of the firm	· · · ·						
If the actuary has not fully reflected any r instructions	egulation or ruling promulgated under	r the statute in comple	ting this schedule	e, check	the box	x and see [

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Schedule SB (Form 5500) 2017 v. 170203

Page	2	

Pa	rt II	Beginning of Yea	ar Carryo	ver and Prefunding Bal	ances						
						(a) (Carryover balance		(b)	Prefundi	ng balance
7				icable adjustments (line 13 fro				0			13,949
8				funding requirement (line 35 fr				0			0
9				••••••				0			13,949
10				turn of <u> </u>				0			697
11				d to prefunding balance:							
	-	sent value of excess cor									160,450
			``	8a over line 38b from prior year							
	• •		•	ive interest rate of 6.31							10,124
	b(2) Ir	nterest on line 38b from	prior year So	hedule SB, using prior year's	actual						
	re	eturn	•••••	••••••	•••••						0
	C Tota	al available at beginning	of current pla	an year to add to prefunding ba	alance .						170,574
	d Port	ion of (c) to be added to	prefunding t	alance							0
12	Other r	eductions in balances d	ue to electior	s or deemed elections				0			0
13	Balance	e at beginning of curren	t year (line 9	+ line 10 + line 11d - line 12) .	••••			0			14,646
Pa	art III	Funding Perce	ntages								
14	Funding	g target attainment perc	entage	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • •	•••••	•••••		14	118.34 %
15	Adjuste	ed funding target attainm	nent percenta	ge			• • • • • • • • • • • • • • • • • • • •	•••••		15	119.70 %
16				s of determining whether carry						16	140 46 0/
17				is less than 70 percent of the					••••••••••••••••••••••••••••••••••••••	17	1 49.46 %
	art IV	Contributions		•	runung tu	rget, enter s	such percentage				70
			•	vear by employer(s) and employer	000005						
	(a) Date M-DD-Y	e (b) Amoun	t paid by	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount employe		/		unt paid by loyees
	/14/20	,	200,000			,		()			
					_						
					Totals	▶ 18(b)		200,	000 18(c)	0
19	Discour	nted employer contribut	ions see in	structions for small plan with a	valuation	date after t	the beginning of the		1		
	a Cont	tributions allocated towa	rd unpaid mi	nimum required contributions f	from prior	years		19a			0
	b Cont	tributions made to avoid	restrictions a	adjusted to valuation date	• • • • • • • • • • •	• • • • • • • • • • • • •		19b			0
				required contribution for currer	nt year ad	usted to va	luation date	19c			181,745
20 Quarterly contributions and liquidity shortfalls:								- -			
				the prior year?				•••••	•••••	····· [_	Yes X No
				ly installments for the current y		-	manner?	• • • • • • •		····· L	Yes No
	C If line	e 20a is "Yes," see instr	uctions and c	complete the following table as							
		(1) 1st		Liquidity shortfall as of end (2) 2nd	or quarte	r of this plai (3)	n year 3rd			(4) 4t	h
				(=)		(0)				<u>, , , , , , , , , , , , , , , , , , , </u>	

Page 3

Pa	rt V	Assumptio	ons Used To Deter	mine	Funding Target and Targ	et Normal Cost			
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 4.16 %		2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used	
	b Ap	oplicable month	(enter code)		· · · · · · · · · · · · · · · · · · ·		21b	0	
22							22	62	
		ality table(s) (see				scribed - separate	│ Substitu		
	rt VI		eous items						
	-								
24		0	•		uarial assumptions for the current			8 8 1	
25					an year? If "Yes," see instructions				
				-	Participants? If "Yes," see instruct				
			•		er applicable code and see instruct		allachmen		
21			•				27		
Pa	rt VII				Im Required Contribution				
28			•		years		28	0	
29					unpaid minimum required contrib				
	(line	19a) .			· · · · · · · · · · · · · · · · · · ·		29	0	
30	Rema	aining amount o	f unpaid minimum requir	ed con	tributions (line 28 minus line 29)		30	0	
Pa	rt VIII	l Minimum	Required Contrib	ution	For Current Year				
31	Targe	et normal cost a	nd excess assets (see ir	nstructi	ons):				
	a Tar	rget normal cost	t (line 6)		• • • • • • • • • • • • • • • • •		31a	338,781	
	b Exc	cess assets, if a	pplicable, but not greate	r than I	ine 31a		31b	197,279	
32	Amor	rtization installm	ients:			Outstanding Bala	ince	Installment	
	a Net	t shortfall amorti	ization installment		•••••		0	0	
	b Wa	aiver amortizatio	n installment		•••••		0	0	
33					ter the date of the ruling letter grar) and the waived amount .		33		
34					/prefunding balances (lines 31a - 3		34	141,502	
		<u> </u>			Carryover balance	Prefunding Bala	nce	Total balance	
35	Balar	nces elected for	use to offset funding						
00			•••••		0		0	0	
36	Addit	ional cash requi	irement (line 34 minus lir	ne 35)	•••••	• • • • • • • • • • • • •	36	141,502	
37	Contr (line				ontribution for current year adjuste		37	181,745	
38	Prese	ent value of exc	ess contributions for cur	ent yea	ar (see instructions)				
	a Tot	tal (excess, if an	ny, of line 37 over line 36)			38a	40,243	
	b Poi	rtion included in	line 38a attributable to u	ise of p	prefunding and funding standard c	arryover balances	38b	0	
39	Unpa	id minimum req	uired contribution for cu	rent ye	ear (excess, if any, of line 36 over	line 37)	39	0	
40	Unpa	id minimum req	uired contributions for al	l years			40	0	
Par	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41	lf an e	lection was mad	de to use PRA 2010 fund	ding rel	ief for this plan:				
	a Sch	nedule elected .			•••••	• • • • • • • • • • • • •	••••	2 plus 7 years 🔲 15 years	
	b Eliç	gible plan year(s	s) for which the election i	n line 4	11a was made		. 🗌 200	08 2009 2010 2011	
42	Amou	nt of acceleratio	on adjustment		•••••		42		
43	Exces	s installment ac	celeration amount to be	carried	over to future plan years		43		