Foi	rm 5500-SF	Short Form Annu		•	oyee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plai	-	etirement		2015
Employee B	epartment of Labor lenefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ir	structions to the Form 5	500-SF.	1 451	
For calend	ar plan year 2015 or fisc	lentification Information al plan year beginning 01/01/2	015	and ending 1	2/31/2015		
	turn/report is for:	a single-employer plan	a multiple-employe	er plan (not multiemployer) employer information in ac		-	
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo a short plan year re	ort turn/report (less than 12 m	ionths)		
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extensio	n	ם 🗌	FVC progr	am
Part II	Basic Plan Inforr	nation—enter all requested inf					
1a Name ELLIOTT A.					1b Three plan r (PN) 1c Effect	number	002 plan
		r, if for a single-employer plan) apt., suite no. and street, or P.O	. Box)		2b Emplo	oyer Identif	ication Number 258504
	town, state or province, STEIN, M.D., P.A.	country, and ZIP or foreign posta	al code (if foreign, see i	nstructions)	. ,		none number 33-8966
	AYNE BOULEVARD				2d Busin	ess code (:	see instructions)
SUITE 404 AVENTURA,	, FL 33180					6211	11
		address XSame as Plan Spons	0.		3b Admir 3c Admir		elephone number
name	, EIN, and the plan numb	lan sponsor has changed since the form the last return/report.	the last return/report file	d for this plan, enter the	4b EIN		
	or's name				4c PN 5a		5
		the beginning of the plan year the end of the plan year			51		5
C Numb	er of participants with ac	count balances as of the end of	he plan year (defined b	enefit plans do not	5c		
d(1) Tot	al number of active partie	cipants at the beginning of the pla	an year		5d(1)		4
e Numi	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	5d(2) 5e		4
Caution: A	A penalty for the late or	incomplete filing of this return	/report will be assess	ed unless reasonable ca	use is estab		
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	r penalties set forth in the instruc signed by an enrolled actuary, a ete.	stions, I declare that I has swell as the electronic	ve examined this return/reversion of this return/repor	port, includin t, and to the	ig, if application best of my	able, a Schedule knowledge and
SIGN HERE	Filed with authorized/va		05/24/2016	ELLIOTT STEIN, M.D).		
SIGN	Signature of plan ad	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	ninistrator
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	lual signing a	s employe	r or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite nur	nber)	Preparer's	telephone	number
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 5	500-SF.			Form 5500-SF (2015)

-	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a ions.)	ccount	ant (IQ	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							X No Not determined
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	. 7a		834	303			907815
b	Total plan liabilities	. 7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	. 7c		834	303			907815
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	int				(b) Total
	Contributions received or receivable from:	90(1)		82	107			
	(1) Employers	. 8a(1)		02	101	-		
	(2) Participants	. 8a(2)						
-	(3) Others (including rollovers)	. 8a(3)		_1	003			
	Other income (loss)	. 8b			000			81104
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8C						01104
	to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		7	592			
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						7592
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						73512
j	Transfers to (from) the plan (see instructions)	8i			0			
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coo	des in th	ne 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c	Х			83431
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10q		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х		
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	•		10i				
j	Did the plan trust incur unrelated business taxable income?			10j		Х		
Part				. 0)	1		1	1

11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched) and line 11a below)	ule SB	(Form	X Yes	Νο
	0000					
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			0
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	02 of F	RISA?	Yes	X No

Form 5500-SF 2015

Page **3 -** 1

					1			
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.			
b	Ente	the minimum required contribution for this plan year		12b				
-		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 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?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	ls th	e plan a 401(k) plan?		Y	es	No	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///////	•				structions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placed sory letter, enter the date of that favorable letter / and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	s	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Ye	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w ed), as required under section 401(a)(9)?		Y	es	No	N/A	

SCHEDULE SB	Sinale-Em	ployer Define	ed Ber	nefit Plan		OMB	No. 1210-0110	
(Form 5500)		ctuarial Infor					2015	
Department of the Treasury Internal Revenue Service							2015	
Department of Labor	This schedule is requered Retirement Income Set	uired to be filed under ecurity Act of 1974 (Ef				This Form	is Open to Public	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Inte	ernal Revenue Code (the Code).				spection	
For calendar plan year 2015 or fisca		an attachment to Form	m 5500 or		ing 12/24	1/2015		
Round off amounts to nearest		1/01/2015		and end	ing 12/3	1/2015		
Caution: A penalty of \$1,000 wi		f this report unless rea	sonable ca	ause is establish	ed.			
A Name of plan				B Three-di	git			
ELLIOTT A. STEIN, M.D., P.A. DE	FINED BENEFIT PLAN			plan nun	nber (PN)	•	002	
C Plan sponsor's name as shown c ELLIOTT A. STEIN, M.D., P.A.	on line 2a of Form 5500 or 550	00-SF		D Employer	Identification	on Number (E 504	EIN)	
E Type of plan: 🛛 Single 🗌 Mu	ltiple-A Multiple-B	F Prior year p	olan size:	100 or fewer	□ 101-50	0	nan 500	
		I Horycar	Jan 5120.					
Part I Basic Information 1 Enter the valuation date:		Day 01 Year	2015					
2 Assets:			2010	_				
a Market value					2a		83	30980
b Actuarial value					2b		83	30980
3 Funding target/participant cour			• • •	Number of rticipants		ed Funding arget	(3) Total Fundin Target	ıg
a For retired participants and I	beneficiaries receiving payme	nt		0		0		0
b For terminated vested partic	ipants			1		658		658
C For active participants				4		751921	752	52780
d Total				5		752579	753	3438
4 If the plan is in at-risk status, c	heck the box and complete lin	nes (a) and (b)						
a Funding target disregarding					4a			
b Funding target reflecting at- at-risk status for fewer the	risk assumptions, but disregar an five consecutive years and				4b			
5 Effective interest rate	•				_		6.1	1%
6 Target normal cost					6		94	4835
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulat combination, offer my best estimate of antic	tions. In my opinion, each other assump							
SIGN HERE						00/46/00	016	
	Signature of actuary					08/16/20 Date	010	
NEIL NEUBARTH, FSA, MSPA, MA	0 ,					14-030	05	
	pe or print name of actuary				Most re	cent enrollme		
GOLD COAST PENSION CONSUL	TANTS					954-491	1-1264	
P.O. BOX 70636 FORT LAUDERDALE, FL 33307-06	Firm name			т	elephone r	number (inclue	ding area code)	
	Address of the firm			_				
f the actuary has not fully reflected a	ny regulation or ruling promule	acted under the statut		ating this school	ule, check t	the box and s	ee 🛛	
•	ing regardien er rannig promai	galeu under the statut	e in compi	eung uns scheu				

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances							
							(a) C	Carryover balance		(b) i	Prefundin	ng balan	се
7		0	0 1 3		cable adjustments (line 13 f				0				0
8					unding requirement (line 35				0				0
9									0				0
10					urn of <u>4.11</u> %				0				0
11					to prefunding balance:								
	a Pres	ent value	of excess contrib	utions (line	38a from prior year)								81526
					Ba over line 38b from prior y re interest rate of <u>6.32</u> %								
	b(2) I	nterest or	n line 38b from pri	or year Sch	edule SB, using prior year's	s actual							5152
													0
	C Total	available	at beginning of cu	rent plan ye	ear to add to prefunding balar	nce							86678
	d Port	ion of (c)	to be added to pre	efunding ba	llance								0
12	Other I	eduction	s in balances due	to elections	s or deemed elections				0				0
13	Balanc	e at begi	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12)			0				0
Р	art III	Fun	ding Percenta	ages									
14	Fundin			-							14	11().29 %
			g target attainmen								15	11().29 %
16					of determining whether car						16	117	7.50 %
17					s less than 70 percent of the						17		%
P	art IV	Cor	tributions an	d Liquid	ity Shortfalls								
18	Contrib	outions m			ear by employer(s) and emp								
(N	(a) Da MM-DD-۱/		(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer((0	c) Amour emplo		у
0	5/31/201	6		55000	0								
0	8/15/201	6		27108	0								
-							_						
						Totals ►	18(b)		82108	18(c)			0
19	Discou	nted emp	loyer contribution	s – see inst	ructions for small plan with	a valuation da	ate after th	e beginning of the	e year:				
	a Con	tributions	allocated toward	unpaid min	imum required contributions	s from prior ye	ars		19a				0
	b Cont	ributions	made to avoid res	strictions ac	ljusted to valuation date				19b				0
	C Cont	tributions	allocated toward m	inimum requ	uired contribution for current y	/ear adjusted t	o valuation	date	19c				75204
20	Quarte	rly contrib	outions and liquidi	ty shortfalls	::								
	a Did t	the plan h	nave a "funding sh	ortfall" for t	he prior year?							Yes	X No
	b If lin	e 20a is "	Yes," were require	ed quarterly	installments for the current	t year made ir	n a timely r	manner?	·····-			Yes	No
	C If line	e 20a is "	Yes," see instructi	ons and co	mplete the following table a	s applicable:							
		(4) 4	-t		Liquidity shortfall as of e	nd of quarter		•			(1) 411		
	(1) 1st				(2) 2nd		(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and	Target	Normal Cost		
21 Discount rate:								
	a Se	egment rates:	1st segment: 4.72 %	2nd segment: 6.11 %		3rd segment: 6.81 %		N/A, full yield curve used
	b Ap	plicable month (enter code)				21b	0
22	Weig	hted average ret	tirement age				22	65
23		ality table(s) (see		rescribed - combined		cribed - separate	Substitut	te
Ра	rt VI	Miscellane	ous Items		_		_	
24		-	nade in the non-prescribed ac					
25			e been made for the current p					
26		-	provide a Schedule of Active	•				
27			o alternative funding rules, er				27	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years								
28			•	•			28	
20			uired contributions for all prior contributions allocated towar	•				0
							29	0
30	Rema	aining amount of	f unpaid minimum required co	ntributions (line 28 minus lin	ne 29)		30	0
Pa	rt VII	Minimum	Required Contribution	n For Current Year				
31	Targ	et normal cost a	nd excess assets (see instruc	ctions):				
	a Tar	get normal cost ((line 6)				31a	94835
	b Exc	cess assets, if ap	pplicable, but not greater thar	1 line 31a			31b	77542
32	Amor	tization installme	ents:			Outstanding Bala	nce	Installment
	a Net	t shortfall amortiz	zation installment				0	0
	b Wa	aiver amortizatior	n installment				0	0
33	lf a w (Mon		approved for this plan year, e Day Year	nter the date of the ruling let) and the waived am	-		33	
34	Total	funding requirer	ment before reflecting carryov	er/prefunding balances (line	es 31a - 3	31b + 32a + 32b - 33)	34	17293
				Carryover balance		Prefunding balan	ice	Total balance
35			use to offset funding		0		0	0
36	Addit	ional cash requir	rement (line 34 minus line 35)			36	17293
37	Contr	ributions allocate	ed toward minimum required o	contribution for current year a	adjusted	to valuation date	37	75204
38	Prese	ent value of exce	ess contributions for current y	ear (see instructions)				
			y, of line 37 over line 36)				38a	57911
		, ,	line 38a attributable to use of				38b	0
39	Unpa	id minimum requ	uired contribution for current y	vear (excess, if any, of line 3	6 over lin	ne 37)	39	0
40	Unpa	id minimum requ	uired contributions for all year	ˈS			40	0
Pa	rt IX	Pension I	Funding Relief Under	Pension Relief Act of	f 2010 ((See Instructions)		
41	lf an e	election was mad	de to use PRA 2010 funding r	elief for this plan:				
	a Sch	nedule elected			<u>.</u>			2 plus 7 years
	b Eliç	gible plan year(s)) for which the election in line	41a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment		42			
43	Exces	ss installment ac	celeration amount to be carrie	ed over to future plan years .			43	

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

ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN 65-0258504 / 002

For the plan year 01/01/2015 through 12/31/2015

	'	<u> </u>		<u> </u>				
Valuation Date:	01/01/2015							
Funding Method:	As prescribed in IRC	Section 43	0					
	- Eligibility age at last	birthday and	d other ages	at nearest birthday	y			
	New participants are not included in current year's valuation							
Retrospective Compensation	- Highest 3 consecuti [,]	ve years of p	participation					
Form of Payment	Applicable Mortality equivalence discour exceed 415 maximu	esent value of Table or lum nted using ap im allowable	of accrued b np sum at the opropriate se distribution,	enefit computed us assumed retirem gment rate. Lump which is the lesse	sing funding s ent date of ac sum on plan a r amount com	 Funding Target for laggment rates and 41 crued benefit using pactuarial equivalence uputed using a) 5.5% interest and mortality 	7(e) plan actu e rates w interest	
Interest Rates	- Segment rates for th permitted under IRC	e Valuation D 430(h)(2)(C)	Pate as	Segment rates as permitted under IF HATFA				
	Segment #	Year	Rate %	Segment #	Year	Rate %		
	Segment 1	0 - 5	1.22	Segment 1	0 - 5	4.72		
	Segment 2	6 - 20	4.11	Segment 2	6 - 20	6.11		
	Segment 3	> 20	5.20	Segment 3	> 20	6.81		
	Mortality Table - Turnover/Disability - Salary Scale - Expense Load - Ancillary Ben Load -	None None None						
Post-Retirement -	Mortality Table - Cost of Living - Lump Sum -	None		ed - IRC 430(h)(3)(le Mortality Table f		isex) at 5.5%		
Asset Valuation Method:	Fair market value of	assets adjus	sted for cont	ributions under IR	C 430(g)(4)			
Discrimination Test Assumption								
HCE Determination -	Based on all employ	ees						
Otherwise Excludable -	Otherwise Excludab	le HCEs are	included wi	th the Not Otherwis	se Excludable	employees		
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 F	Plan						
Compensation -	Use current compen	sation to cal	lculate the b	enefit accrual rate	(annual metho	od)		
Testing Age -	Normal retirement a	ge or attaine	ed age, if old	er				
Testing Service -	Separate benefiting	service for D	DC and for D	B for Accrued-to-D	Date Method			
Normal Form for MVAR - Joint with 50% Survivor Benefits								

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN

65-0258504 / 002

For the plan year 01/01/2015 through 12/31/2015

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

For	rm 5500-SF	Short Form Annu	and the second sec	t of Small Emplo	yee	0	MB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan	1065 of the Employee Ret	tiromont		2015	
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Ir	nternal	This Fo	rm is Open to	
Pension Be	enefit Guaranty Corporation	Complete all entries in			00-SF.	Public	c Inspection	
Part I		Identification Information						
For calend	ar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/	31/2015		
A This ret	urn/report is for:	X a single-employer plan		blan (not multiemployer) (nployer information in acc				
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	n/report (less than 12 mo	nths)			
C Check	oox if filing under:	Form 5558	automatic extension			OFVC progra	m	
Part II	Basic Plan Info	prmation—enter all requested in						
1a Name	of plan	D., P.A. DEFINED BEN			(PN)	number 0	02 Dian	
					01/	01/2007		
Mailing	address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post				oyer Identific 65-0258	ation Number	
	TT A. STEIN, N	••••••••••••••••••••••••••••••••••••••	al code (il foreign, see inst	ructions)	2c Sponsor's telephone number 305-933-8966			
21110 SUITE	BISCAYNE BOUL		2d Business code (see instructions) 621111					
AVENTU		FL 33180						
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b Admir	nistrator's El	N	
					3c Admir	nistrator's tel	ephone number	
name,	EIN, and the plan nur	e plan sponsor has changed since not not plan sponsor has changed since not the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN			
a Sponse	or's name				4c PN			
5a Total r	number of participants	at the beginning of the plan year			5a		5	
		at the end of the plan year			5b		5	
comple	ete this item)	account balances as of the end of t			5c			
		ticipants at the beginning of the pla			5d(1)		4	
e Numb	er of participants that	ticipants at the end of the plan yea terminated employment during the	plan year with accrued be	nefits that were less	5d(2) 5e		4	
than 1	00% vested	or incomplete filing of this return	/report will be accorded	unless reasonable acus	N22012400	liched	0	
Under pena SB or Sche	Ities of perjury and oth	her perialties set forth in the instructed signed by an enrolled actuary, a	tions. I declare that I have	examined this return/repo	ort, includin	g, if applicat	ole, a Schedule nowledge and	
SIGN	Jal .	UNA 125	5/24/16	ELLIOTT STEIN,	M.D.			
HERE	Signature of plan a	dministrator	Date	Enter name of individua		s plan admir	listrator	
SIGN HERE								
Preparer's r	Signature of emplo name (including firm na	yer/plan sponsor ame, if applicable) and address (in	Date clude room or suite numbe	Enter name of individua er) F		s employer o telephone ni		
		and OMP Control Numbers, see the						

Form 5500-SF 2	015	
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			- 0
- 1-	a a	Ar	1
	u	10	-

10000000	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan year invested in eligible assets? (See instructinde assets? (See instructions.) <td< th=""></td<>									
	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes X No Not determined									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	. 7a	834303	907815						
b										
С	C Net plan assets (subtract line 7b from line 7a)									
8	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total									

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	82107	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-1003	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		81104
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	7592	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7592
i	Net income (loss) (subtract line 8h from line 8c)	8i		73512
j	Transfers to (from) the plan (see instructions)	8j	0	

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

12-20-24-55						
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		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			83431
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		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.)	10e		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.)	10h		Х		
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				
j	Did the plan trust incur unrelated business taxable income?	10j		х		
Part	VI Pension Funding Compliance	delengeli e rek				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)	and cor	nplete	Sched	ule SB (Form X Yes No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a	0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	ne Cod	e or se	ction 3	302 of EF	RISA? Yes X No

75	Form 5500-SF 2015 Page 3 -					
	(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 ins granting the waiverN	Sector and the sector of the s	enter the Day	date of t	ne letter rul Year	ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.				
b	Enter the minimum required contribution for this plan year		12b			
	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 longative amount)	N 0110-20030400	12d			
e	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	X No	
	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 broug of the PBGC?				Yes X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the plan(s) to				
- 1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information					
14a	Name of trust		14b ⊺	rust's EIN	I	
14c	Name of trustee or custodian			Trustee's telephone	or custodia number	ın's
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye:	S	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	esign- sed safe rbor ethod	ADP test	/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Ye		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		atio rcentage st		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Ye	S	No	
17a	Has the plan been timely amended for all required tax law changes?		Ye:	5	No	□ N/A
24340041440	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the				structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial number of the series of the	umber				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter .		the plar	n's last fav	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No	
19	Were in-service distributions made during the plan year?		Ye	S	No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?		Ye	S	No	N/A

(Form 5500)	Actuarial In				1 State 1 Stat	
· · · · ·	Actualial III	formation		1 C 1		2015
Department of the Treasury Internal Revenue Service	and a second			1997 - 1997 1997 - 1997		4015
Department of Labor	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					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Internal Revenue C					is Open to Public spection
	File as an attachment to	o Form 5500 or {	500-SF.			
For calendar plan year 2015 or fiscal pla		15	and endin	9	12/31/2	015
Round off amounts to nearest doll Caution: A papality of \$1,000 with based	ar. assessed for late filing of this report unle	na ronanabte an		4. · · ·		
A Name of plan	assessed to rate thing of this report after	ss reasonable ca	· · · · · · · · · · · · · · · · · · ·			
· •	, P.A. DEFINED BENEFIT P	LAN	B Three-dig			002
		a tha an e			s casados	
	- 2					
C Plan sponsor's name as shown on lin	e za of Form 5500 or 5500-SF	· · · · · · · · · · · · · · · · · · ·	D Employer I	dentifical	ion Number (E	JN)
ELLIOTT A. STEIN, M.D.	, P.A.		65-025850	4	ant and a	
E Type of plan: X Single Autiple-	-A Multiple-B	year plan size: 🛙	100 or fewer] 101-5	00	an 500
Part I Basic Information						
1 Enter the valuation date:	Month 01 Day 01	Year 2015				
2 Assets:		· · · ·				
a Market value			·····	2a		830,980
b Actuarial value	******			2b		830,980
3 Funding target/participant count bre	eakdown		lumber of ticipants	• •	ted Funding arget	(3) Total Funding Target
a For retired participants and benef	ficiaries receiving payment	×i.	0		d	
at a second s	ts		1	· ·	658	65
C For active participants			4		751,921	752,780
d Total		ere di	5		752,579	753,438
	the box and complete lines (a) and (b)		لنسبا		5 S S 7 S .	
	cribed at-risk assumptions			4a		
	assumptions, but disregarding transition re re consecutive years and disregarding loa			4b		
			***********************************	5		6.11%
6 Target normal cost		******		6	· · ·	94,83
Statement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations, in combination, offer my best estimate of anticipated	plied in this schedule and accompanying schedules, st n my opinion, each other assumption is reasonable (tal d experience under the plan	atements and attachm king into account the e	ents, if any, is complet openence of the plan a	e and accu and reasons	ate. Each prescribe able expectations) a	ed assumption was applied in Ind such other assumptions, in
SIGN	Maria I and				a et a set al traja General de la	
HERE	- V	nigalish in the silver standard many standard		· · ·	08/16/20	16
	gnature of actuary				Date	
	MAAA, EA				140300	
GOLD COAST PENSION CONSUL		· · · · · · · · · · · · · · · · · · ·			ecent enrollme 954-491-1	
	Firm name		Те	lephone	number (incluc	ling area code)
P.O. BOX 70636		an a		e a processione de la compañía de la	an Las anns an Star	
	307-0636					
A	Address of the firm					
If the actuary has not fully reflected any re instructions						
For Paperwork Reduction Act Notice a	nd OMB Control Numbers, see the inst	tructions for For	m 5500 or 5500	SF.	Schedul	e SB (Form 5500) 201 v. 15012

Schedule 5	B (Form	r 5500)	2015
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Schedule 5	SB (Form 5500) 2015		Pag	e 2		·				<u> </u>
Part II Begin	ining of Year Carryo	ver and Prefunding Ba	alances				, , , , , , , , , , , , , , , , , , ,			
7 Balance at begin	ming of prior year after apr	licable adjustments (line 13 fr	rom prior	(a) (Carryover balance		(b) Pr	efundi	ng balance	
						0	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	. 0
		funding requirement (line 35				0				C
						0				(
0 Interest on line 9) using prior year's actual re	eturn of <u>4.11</u> %				0		NERVER)
1 Prior year's exce	ess contributions to be add	ed to prefunding balance:	÷.,	55.577976 <u>2</u> 55						
1 A. 1997 A. 19		ne 38a from prior year)							81,	52
		38a over line 38b from prior yet tive interest rate of 6.32%			n Each as an Cord Ada March State (Cord Cord)				5,	152
	n line 38b from prior year S	chedule SB, using prior year's	s actual							
	and the second	year to add to prefunding balan	ICe	•			 		86,	67
d Portion of (c)	to be added to prefunding t	balance	******	• • •						
2 Other reductions	s in balances due to electio	ns or deemed elections				0				
3 Balance at begin	nning of current year (line 9) + line 10 + line 11d - line 12)		· .	0	· · · · · · · · · · · · · · · · · · ·		na stala s	· .
Part III Fun	ding Percentages			· · · · ·						
ىيىسىپ بىسىيە ا ينىشتىنتىقىغىنىتىكىنىيە			•••••					14	110.2	9 %
	g target attainment percent		·					15	110.2	9%
S Prior year's func	ling percentage for purpose	es of determining whether can					;	16	117.5	0%
		is less than 70 percent of the	*****	*****		*****	*****	17		%
8 Contributions m		year by employer(s) and emp	· · · · · · · · · · · · · · · · · · ·							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(MM-DI	Date D-YYYY)	(b) Amount paid employer(s)	ру	(c)		int paid by oyees	
05/31/2016 08/15/2016	55,00 27,10		1 A A				1		······	
	27, ±0				. <u>.</u> .			**		
			<u> </u>			· .				******
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		****	Totals 🕨	and the second sec			3 18(c)		11. ¹ 1	
-	-	structions for small plan with								
		iinimum required contributions	•	-		19a				
		adjusted to valuation date				19b				· etc. etc.
معيمة ويعاشقون 🔿 👝		equired contribution for current y	year adjuste	d to valuation	n date	19c			75,	20
	butions and liquidity shortfa	· · · · · · · · · · · · · · · · · · ·						<u>102075</u> Г	(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(
0 Quarterly contril								1	Yes X	No
0 Quarterly contril a Did the plan I	have a "funding shortfall" fo	r the prior year?				****		······[
 Quarterly contril a Did the plan I b If line 20a is " 	have a "funding shortfall" fo 'Yes," were required quarte	erly installments for the curren	it year mad	e in a timely		 		······[·····[No
 Quarterly contril a Did the plan I b If line 20a is " 	have a "funding shortfall" fo 'Yes," were required quarte	erly installments for the curren complete the following table a	it year mad as applicabl	e in a timely le:	manner?			······ [
 Quarterly contril a Did the plan I b If line 20a is " 	have a "funding shortfall" fo 'Yes," were required quarte 'Yes," see instructions and	erly installments for the curren	it year mad as applicabl	e in a timely le:	manner?			L] Yes []	

Schedule S	B (Form	5500) 2015
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Page 3

P	art V Assumptions Used to Determin	e Funding Target and Targe	t Normal Cost		
21	Discount rate:				
	a Segment rates: 1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%		N/A, full yield curve used
·	b Applicable month (enter code)	*******	*****	21b	0
22	Weighted average retirement age		*****	22	65
23	Mortality table(s) (see instructions)	Prescribed - combined Pres	cribed - separate	Substitut	9
Pa	Irt VI Miscellaneous Items	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
24	Has a change been made in the non-prescribed attachment.	actuarial assumptions for the current p	plan year? If "Yes," see	instructions	regarding required
25	Has a method change been made for the curren				
	Is the plan required to provide a Schedule of Act				L
27		enter applicable code and see instruct	ions regarding	27	
Pa	art VII Reconciliation of Unpaid Mini	mum Required Contributions	s For Prior Years		
28	Unpaid minimum required contributions for all pr			28	0
29	(line 19a)	*********************		29	0
30	Remaining amount of unpaid minimum required	contributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum Required Contributi	on For Current Year			
31	Target normal cost and excess assets (see instr	uctions):			
	a Target normal cost (line 6)		and the second sec	31a	94,835
<u> </u>	b Excess assets, if applicable, but not greater th	an line 31a		31b	77,542
32			Outstanding Bala	nce	Installment
	a Net shortfall amortization installment		· · · · · · · · · · · · · · · · · · ·	0	0
	b Waiver amortization installment		·	0	0
33	If a waiver has been approved for this plan year, (Month Day Year	enter the date of the ruling letter grant) and the waived amount		33	
34	Total funding requirement before reflecting carry	over/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	17,293
<u> </u>		Carryover balance	Prefunding balar	ce	Total balance
35	Balances elected for use to offset funding requirement			0	
36	Additional cash requirement (line 34 minus line 3	5)		36	17,293
37	Contributions allocated toward minimum required (line 19c)			37	75,204
38	Present value of excess contributions for current	year (see instructions)		· · · · ·	
	a Total (excess, if any, of line 37 over line 36)			38a	57,911
	b Portion included in line 38a attributable to use	and the second		38b	0
39			No. of Contrast of	39	0
40	Unpaid minimum required contributions for all ye			40	.0.
	rt IX Pension Funding Relief Unde	r Pension Relief Act of 2010	(See Instructions)	1.1	· · · · · · · · · · · · · · · · · · ·
Pa	If an election was made to use PRA 2010 funding	relief for this plan:			
Pa					2 plus 7 years 15 years
Pa	If an election was made to use PRA 2010 funding			<u>س</u> ا	
Pa 41	If an election was made to use PRA 2010 funding a Schedule elected	ie 41a was made		<u>س</u> ا	

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

ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN

65-0258504 / 002

For the plan year 01/01/2015 through 12/31/2015

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

ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN

65-0258504 / 002

For the plan year 01/01/2015 through 12/31/2015

Valuation Date: 01/01/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	05/31/2016	\$55,000					
Applied to Additional Contribution	01/01/2015	36,196	33,287	0	0	6.11	0
Applied to MRC	01/01/2015	18,804	17,293	0	0	6.11	0
Deposited Contribution	08/15/2016	\$27,108					
Applied to Additional Contribution	01/01/2015	27,108	24,624	0	0	6.11	0
Totals for Deposited Contribution		\$82,108	\$75,204	\$0	\$0		

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

ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN 65-0258504 / 002

For the plan year 01/01/2015 through 12/31/2015

Employer: Type of Entity -			
	EIN: 65-0258504 TIN:	Plan #: 002	Plan Type: Defined Benefit
<u>Dates:</u>		ar end - 12/31/2015 Valuation 08, 2009, 2010, 2011, 2012, 20	on - 01/01/2015 113, 2014, 2015
Eligibility:	All employees excluding non	resident aliens, members of a	n excluded class and union
	Minimum age - 21 Months	of service - 12	
Hours Required for -	Eligibility - 1000 Be	enefit accrual - 1000 Vestir	ng - 1000
Plan Entry -	First day of 1st or 7th month	of plan year on or next followin	g eligibility satisfaction
	Attainment of age 65 and cor Not provided	npletion of 5 years of participation	tion
Average Compensation:	Highest 3 consecutive years	of participation	
Top Heavy Minimum Benefit -	Highest 5 consecutive top he	avy years of participation	
Plan Benefits: Retirement -	Derived from the graded ben	efit formula below:	
	Employee Classification	Benefit Formula	npensation per year of participation after
		01/01/2007 limited to 10 year	r(s)
	В	0.5% of average monthly cor 01/01/2007 limited to 10 year	npensation per year of participation after (s)
Accrued Benefit -	Unit credit based on participa	tion. Service prior to 01/01/200)7 is excluded
	Minimum Benefit - None		
	Maximum Benefit - None		
	distribution, which is the less		ormal form not to exceed 415 maximum allowable 5.5% interest and the Applicable Mortality Table or rtality or 417(e) Minimum
Death Benefit -	Present Value of Accrued Be	nefit	
Top Heavy Minimum:	Provided in another plan		
IRS Limitations:	415 Limits - Percent:	100 Dollar: \$210,000	
	Maximum 401(a)(17) comper	nsation - \$265,000	
Normal Form:	Life Annuity		
Optional Forms:	Lump Sum		
Vesting Schedule:	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%		

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN

65-0258504 / 002

For the plan year 01/01/2015 through 12/31/2015

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	1.48
	Segment 2	6 - 20	3.77
	Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5.5%
	Mortality Table -	None
Post-Retirement -	Interest -	5.5%
	Mortality Table -	15E - 2015 Applicable Mortality Table for 417(e) (unisex)