#### Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

**Benefit Plan** 

Part I	<b>Annual Report</b>	<b>Identification Information</b>						
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 12	2/31/2016			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) ( ployer information in ac				
		a one-participant plan	a foreign plan					
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC program			
Part II	Rasic Plan Info	prmation—enter all requested inf	1 /					
1a Name		ination—enter an requested in	Offiation		<b>1b</b> Three-digit			
		NCTURE, PC PENSION PLAN			plan number (PN)	001		
					1c Effective date 01	e of plan /01/2002		
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employer Ide (EIN) 11	ntification Number -3543883		
	town, state or province BERNSTEIN ACUPUN	ee, country, and ZIP or foreign posta NCTURE, PC	al code (if foreign, see instr	uctions)	<b>2c</b> Sponsor's telephone number 516-377-6446			
2004 114 556	NO DOINT DO				2d Business cod	e (see instructions)		
BALDWIN, N	PR POINT RD Y 11510			62	1399			
3a Plan a	dministrator's name a	nd address X Same as Plan Spor		<b>3b</b> Administrator	's EIN			
					3c Administrator	's telephone number		
4 If the r	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	<b>4b</b> EIN			
	EIN, and the plan nu	mber from the last return/report.	ino last retarritroport mea re	or this plan, enter the	4c PN			
_		at the beginning of the plan year			5a	2		
_		at the end of the plan year			5b			
C Number	er of participants with	account balances as of the end of	the plan year (only defined		5c			
		rticipants at the beginning of the pla			5d(1)	2		
		articipants at the end of the plan year	-		5d(2)	2		
than '	100% vested	terminated employment during the			5e	C		
		or incomplete filing of this return her penalties set forth in the instruc				oliooblo o Cobodulo		
SB or Sche	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	as well as the electronic ver	sion of this return/repor	t, and to the best of	my knowledge and		
SIGN	Filed with authorized	valid electronic signature.	05/16/2017	STEVEN BERNSTEIN	I			
HERE	Signature of plan a	ndministrator	Date	Enter name of individ	lual signing as plan a	administrator		
SIGN								
HERE	Signature of emplo		Date	Enter name of individ				
Preparer's	name (including firm r	name, if applicable) and address (in	iclude room or suite numbe	r)	Preparer's telepho	ne number		
F		as ass the Instructions for Form FEOO	0.5		•	Earm EE00 SE (2016)		

Form 5500-SF 2016 Page **2** 

	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 cannot be a second to the plan cannot be a seco	an indepe and condit	ndent qualified public a	account	ant (IC	(PA)			X Ye	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	☐ Not de	etermined
	t III Financial Information	<u> </u>			,		ı			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		624111				•	20228	49
b	Total plan liabilities	7b		0	)					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1	624111					20228	49
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Γotal	
а	Contributions received or receivable from:	2 (1)		170000						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)  Other income (loss)	8a(3)		228738						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c							3987	38
	Benefits paid (including direct rollovers and insurance premiums	80							333.	
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3987	38
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction			X				
b	Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X				
	Was the plan covered by a fidelity bond?			10b	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			X				
e	by fraud or dishonesty?	her person ne or all of	s by an insurance the benefits under	10d 10e		X				
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						_

Page 3-	1	

Part	VI	Pension Funding Compliance									
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No			
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•	0			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					□\	′es X No			
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		s, and	l enter t _ Day		of the lette Year _	r ruling			
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		ī					
b	Enter	the minimum required contribution for this plan year			12b						
С	Enter	the amount contributed by the employer to the plan for this plan year			12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d						
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	0			
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a						
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und control of the PBGC?						Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the pl	an(s)	to						
	13c(1) Name of plan(s): 13c(2						) EIN(s) 13c(3) PN(s)				
Part	VIII	Trust Information									
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN				
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions									
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No				
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L  s		n-based arbor	d [	Prior ye test	ear" ADP			
			-  □ "	Curre ADP t	ent year est	,,	N/A				
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🗌	Ratio perce test	entage		verage enefit test	N/A			
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No				
	the le										
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determi	nation			
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [	No				
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Ye	s	No				

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

File as an attachment to Form 5500 or 5500-SF. and ending For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 12/31/2016 Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit STEVEN A. BERNSTEIN ACUPUNCTURE, PC PENSION PLAN 001 plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) STEVEN A. BERNSTEIN ACUPUNCTURE, PC 11-3543883 F Prior year plan size: X E Type of plan: X Single Multiple-A 100 or fewer Multiple-B 101-500 More than 500 Part I **Basic Information** Enter the valuation date: 31 Year 2016 Month Day Assets: 2a 1839417 2b **b** Actuarial value..... 1839417 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target 0 0 0 **a** For retired participants and beneficiaries receiving payment..... 0 0 **b** For terminated vested participants..... 2 1151121 C For active participants..... 1151121 1151121 1151121 **d** Total..... If the plan is in at-risk status, check the box and complete lines (a) and (b)..... a Funding target disregarding prescribed at-risk assumptions 4a b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk 4b status for fewer than five consecutive years and disregarding loading factor ..... 5 5.15% 6 Target normal cost...... **Statement by Enrolled Actuary** To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN **HERE** Signature of actuary Date MICHAEL FRANK, FSA 17-02440 Type or print name of actuary Most recent enrollment number **NONE** 212-567-1464 Firm name Telephone number (including area code) 100 ARDEN ST., APT. 5B 100 ARDEN ST., APT. 5B NEW YORK, NY 10040

instructions

Address of the firm

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

age	2	-	1

Pa	art II	Begin	ning of Year	Carryov	ver and Prefunding I	Balances							
					<u> </u>			(a) C	arryover balance		<b>(b)</b> P	refundir	ng balance
7		Ū	0 , ,		able adjustments (line 13 f	•			0				27570
8			•	-	nding requirement (line 35	•							
9	Amount	remaining	g (line 7 minus line	e 8)					0				27570
10	Interest	on line 9 ı	using prior year's	actual retu	ırn of <u>-2.97</u> %				0				-819
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	38a from prior year)		-						169666
	<b>b(1)</b> Int	erest on t hedule SI	the excess, if any, B, using prior year	of line 38a	a over line 38b from prior y e interest rate of5.15	ear <u>5</u> %							8738
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual							
					or to add to profunding balan								
	_		0 0	. ,	ar to add to prefunding balar								178404
	d Portion of (c) to be added to prefunding balance												
12	Other re	ductions i	n balances due to	elections	or deemed elections								
13	Balance	at beginn	ning of current yea	ır (line 9 +	line 10 + line 11d – line 12	)	-		0				26751
Р	art III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge								14	157.34%
15	Adjusted	I funding	target attainment	percentage	9							15	160.86%
16					of determining whether car					reduce o	current	16	137.90%
17	If the cui	rent value	e of the assets of	the plan is	less than 70 percent of the	funding tar	get,	enter suc	ch percentage			17	%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18	Contribu				ear by employer(s) and emp	oloyees:							
	(a) Dat		<b>(b)</b> Amount p	•	(c) Amount paid by		Dat		(b) Amount pa	-	(c) Amount paid by		
	/M-DD-Y	,	employer		employees	(MM-E	D-Y	YYY)	employer(s	5)		emplo	oyees
	8/29/2016			50000	(								
	2/29/2010			80000	(								
	4/17/2017	/		40000	(								
						Totals I	<b>&gt;</b>	18(b)		170000	18(c)		0
19	Discount	ted emplo	over contributions	– see instr	ructions for small plan with	a valuation	date	` '			. ,		
			,		mum required contributions				, , , , , , , , , , , , , , , , , , ,	9a			0
	_			•	justed to valuation date					9b			0
				•	ired contribution for current y					9с			170414
20			itions and liquidity			,							
-					ne prior year?							П	Yes X No
			_		installments for the curren								Yes No
			•		mplete the following table a	•		,	-			···	
	20		,		Liquidity shortfall as of e			his plan	year				
		(1) 1s	t		(2) 2nd			(3)	3rd		(	(4) 4th	

Р	art V Assumpt	ions Used to Determine	Funding Target and Targ	get Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 1.52%	2nd segment: 3.78%	3rd segment: 4.76 %		N/A, full yield curve used
	<b>b</b> Applicable month (e	nter code)			21b	3
22	Weighted average retir	rement age			22	65
23	Mortality table(s) (see	instructions) X Presc	ribed - combined Preso	cribed - separate	Substitu	te
Pa	art VI Miscellane	ous Items				
24	Has a change been ma	ade in the non-prescribed actua	rial assumptions for the current p	•		· · ·
25	Has a method change	been made for the current plan	year? If "Yes," see instructions r	egarding required attach	ment	Yes X No
26	Is the plan required to	provide a Schedule of Active Pa	articipants? If "Yes," see instruction	ons regarding required a	ittachment	Yes X No
27		g .	applicable code and see instructi	0 0	27	
Pa	art VII Reconcili	iation of Unpaid Minimu	m Required Contribution	s For Prior Years		
28	Unpaid minimum requi	red contributions for all prior yea	ars		28	0
29			npaid minimum required contribut	' '	29	0
30	Remaining amount of	unpaid minimum required contril		30	0	
Pa	art VIII Minimum	<b>Required Contribution</b>	For Current Year			
31	Target normal cost an	d excess assets (see instruction	ns):			
	a Target normal cost (I	ine 6)			31a	0
	<b>b</b> Excess assets, if app	olicable, but not greater than line	e 31a		31b	
32	Amortization installmen	nts:		Outstanding Bala	nce	Installment
	a Net shortfall amortiza	ation installment			0	0
	<b>b</b> Waiver amortization	installment			0	0
33			the date of the ruling letter granti) and the waived amount		33	
34	Total funding requirem	ent before reflecting carryover/p	orefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for u	se to offset funding				0
36	Additional cash require	ement (line 34 minus line 35)			36	0
37			ribution for current year adjusted		37	170414
38	,	ss contributions for current year	(coo instructions)			
30		<u> </u>	(See Instructions)		38a	170414
			funding and funding standard car		38b	0
39			(excess, if any, of line 36 over line		39	0
40		•		,	40	0
		•	ension Relief Act of 2010		5)	
		e to use PRA 2010 funding relie			-	
					Г	2 plus 7 years 15 years
			a was made			<u>'</u>
42					42	
		•	over to future plan years		43	

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information  For calendar plan year 2016 or fiscal plan year beginning  A This return/report is for:    A This return/report is for:	
A This return/report is for:	
A This return/report is for:    list of participating employer information in accordance with the form instructio   a one-participant plan   a foreign plan	
B This return/report is  the first return/report  the final return/report	
an amended return/report a short plan year return/report (less than 12 months)	
C Check box if filing under:    Form 5558	
Part II Basic Plan Information—enter all requested information	
1a Name of plan       1b Three-digit         STEVEN A. BERNSTEIN ACUPUNCTURE, PC PENSION PLAN       plan number         (PN) ▶ .001       1c Effective date of plan	
01/01/2002	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STEVEN A. BERNSTEIN ACUPUNCTURE, PC  2b Employer Identification Num (EIN) 11-3543883  2c Sponsor's telephone numb (516) 377-6446  2d Business code (see instructions) 3321 HARBOR POINT RD	er
BALDWIN  3a Plan administrator's name and address X Same as Plan Sponsor.  3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	
a Sponsor's name  4c PN	
5a Total number of participants at the beginning of the plan year	2
b Total number of participants at the end of the plan year	
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	
d(1) Total number of active participants at the beginning of the plan year	2
d(2) Total number of active participants at the end of the plan year	2
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sci SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete:	nedule e and
sign 5///7 steven bernstein	
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	1.0
SIGN	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan s	onsor
Preparer's name (including firm name, if applicable) and address (include room or suite number )  Preparer's telephone number	

þ	a	а	6	2

_	Were all of the plan's assets during the plan year invested in eligit								ΧY	es 🗌 No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								ΣY	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan canr								<u> </u>	👝
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA s	ection 4	1021)?	[	Yes	X No	☐ Not d	etermined
Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(	(b) End o	of Year	
a	Total plan assets	. 7a		624,				<del></del>		022,849
b	Total plan liabilities	. 7b	-		0				***	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,	624,	111				2,	022,849
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
a	Contributions received or receivable from: (1) Employers	. 8a(1)		170,	000					
	(2) Participants	8a(2)						,		
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	. 8b		228,	738					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								398 <u>,</u> 738
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					`			
f_	Administrative service providers (salaries, fees, commissions)	8f				•		<u> </u>		
<u>g</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	<del> </del>								
	Net income (loss) (subtract line 8h from line 8c)	8i								398,738
	Transfers to (from) the plan (see instructions)	8j						· · · · · · · · · · · · · · · · · · ·		
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3D									•
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	ın Char	acteris	tic Co	des in t	he instru	ctions:	
Par	t V Compliance Questions						-			
10	During the plan year:				Yes	No	N/A		Amour	it
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	/oluntary F	iduciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			_	
С				10c	Х					200,000
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 son the plan? (See instructions.)	her person ne or all of	s by an insurance 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.)	10g		Х				
h		(See instru	uctions and 29 CFR	10g		<u> </u>				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					. : :	

	Form 5500-SF 2016 Page <b>3-</b>					
		_				-
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)				X \	res No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			••••••	<u> </u>	∕es ⊠ No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the lette Year	r ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?				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 brought control of the PBGC?			Yes X No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)					
1	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	) PN(s)
Part	t VIII Trust Information					
14a	Name of trust		14b 7	rust's El	N	
14c	Name of trustee or custodian				or custod	ian's
Par	t IX IRS Compliance Questions					
15a	I is the plan a 401(k) plan? If "No," skip b	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe h	nt year	Ш	"Prior ye test N/A	ear" ADP

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Ratio

test

Yes

percentage

Yes

Average

benefit test

∏ No

No

☐ No

□ N/A

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

letter

year? Check all that apply: .....

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

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

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

	File as an att	tachment to Form	5500 or	5500-SF.					
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and e						12/3	1/2016		
Round off amounts to nearest dollar.									
Caution: A penalty of \$1,000 will be a	assessed for late filing of this re	eport unless reaso	nable cau	se is established	d.				
A Name of plan	<b>B</b> Three-dig	git							
STEVEN A. BERNSTEIN ACU	plan num	iber (PN	) ▶	001					
C Diameter and a share as line	04555005500 OF			D ====================================	1-1	ation November 2			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  STEVEN A. BERNSTEIN ACUPUNCTURE, PC  D Employer Identification Number (EIN)  11–3543883									
515 (B) 110 BB10 1B10 1.00	101101127 10				,,,,,				
E Tour of the W Circle	D Markinia D	E Décesses et		1 400 4		500 D M #	500		
E Type of plan: Single Multiple-A	A Multiple-B	F Prior year pla	an size: K	1 100 or tewer	101-	500   More tr	nan 500		
Part I Basic Information									
1 Enter the valuation date:	Month <u>12</u> Day	31 Year _	2016						
2 Assets:									
a Market value					2a		1,839,417		
<b>b</b> Actuarial value					2b		1,839,417		
3 Funding target/participant count brea	akdown		, ,	Number of ticipants	(2) Vested Funding (3) Total Ful Target Target				
. a For retired participants and benefi	ciaries receiving payment			0		0	. 0		
<b>b</b> For terminated vested participants	0. 3								
C For active participants				0	0		0.		
·			-	2	1,151,121		1,151,121		
d Total				2	1	<u>,151,121</u>	1,151,121		
4 If the plan is in at-risk status, check t	the box and complete lines (a)	and (b)					· .		
a Funding target disregarding presc	•								
b Funding target reflecting at-risk as status for fewer than five consecut									
5 Effective interest rate		-					5.15%		
6 Target normal cost					6		0		
6 Target normal cost									
To the best of my knowledge, the information suppl accordance with applicable law and regulations. In									
combination, offer my best estimate of anticipated of		asonable (taking into acc	ount the exp	enerice of the plantal	iu reasona	bie expectations) an	a such other assumptions, in		
SIGN ha									
	ichael track				4	30/17			
	anature of actuary			_	E. 1	Date			
•		<b>-</b>							
MICHAEL FRANK, FSA  Type or print name of actuary  Most rece							17-02440 cent enrollment number		
NONE	(212) 567-1464								
HOND									
מים שתג ישים מול 100	Firm name			1e	ishirotie	number (includ	ing area code)		
100 ARDEN ST., APT. 5B 100 ARDEN ST., APT. 5B									
NEW YORK	NY	10040							
	ddress of the firm			_					
If the actuary has not fully reflected any rec	quiation or ruling promulgated :	under the statute ir	n completi	ng this schedule	e, check	the box and se	 e П		
for other costs — —				-			$\sqcup$		

'ade 2 - I	
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P	art II	Beair	ning of Year	Carryov	er and Prefunding Ba	alanc	es						<b>-</b>
		(a) Carryover balance (b)						(b) Prefunding balance					
• • • •				after applicable adjustments (line 13 from prior					0	<u>_</u>	27,570		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)													
9	Amount remaining (line 7 minus line 8)							0	·	27,570			
10										0		-819	
11	11 Prior year's excess contributions to be added to prefunding balance:												
	a Present value of excess contributions (line 38a from prior year)									169666			
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _5.15 _%								8738				
	<b>b(2)</b> Int	erest on	line 38b from prior	year Sche	dule SB, using prior year's	actual	-						0730
									.,.				<del></del>
					r to add to prefunding balanc		- 1-						178404
	d Portio	n of (c) to	be added to prefu	ınding bala	ince								
12	Other re	ductions	in balances due to	elections of	or deemed elections								
13	Balance	at beginr	ning of current yea	r (line 9 + li	ine 10 + line 11d – line 12).						0		26751
F	art III	Fun	ding Percenta	iges									
14	Funding	target att	tainment percentag	je								14	157.34%
15	Adjusted	funding	target attainment p	ercentage								15	160.86%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current								137.90%					
_17	If the cur	rent valu	e of the assets of t	he plan is	less than 70 percent of the	funding	target,	enter suc	ch percentage			17	%
P	art IV	Con	itributions and	d Liquidi	ity Shortfalls								
18	Contribu	tions mad	de to the plan for ti	ne plan yea	er by employer(s) and employer	oyees:							
				(c) Amount paid by employees	(M		(a) Date (b) Amount paid b -DD-YYYY) employer(s)			y (c) Amount paid by employees			
	08/29/2	2016	!	50,000	. 0								
1	L2/29/2	2016_		30,000	0			- <b>-</b>	••				
	04/17/2	2017		10,000	0								
													<del></del>
						T-4-	I	140(1)			40(-)	1	
						Tota		18(b)		.70,0	18(c)		0
19		-	-		uctions for small plan with a						1		
a Contributions allocated toward unpaid minimum required contributions from prior years													
	b Contributions made to avoid restrictions adjusted to valuation date								0				
				•	rea contribution for current ye	ar adju	sted to v	aluation d	ate	19c			170,414
20	•	,	utions and liquidity		a prior vocat							1	Vac El Na
	a Did the plan have a "funding shortfall" for the prior year?												
								timely ma	anner?	•••••	····	L	Yes   No
_	C If line	20a is "Y	es," see instruction	ns and com	nplete the following table as Liquidity shortfall as of en			thie plan	VAST				· · ·
		(1) 1s	t		(2) 2nd	u or qu	ariel Ol		grai 3rd		(4) 4th		
					<del></del>			, ,					

F	Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	1 Discount rate:									
	<b>a</b> Segme	ent rates:	1st segment: 1.52 %	3rd segment: 4.76 %		N/A, full yield curve used				
	<b>b</b> Applica	able month (er	21b	3						
_22	Weighted	average retire	ement age		***************************************	. 22	65			
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pres	cribed - separate	Substit	ute			
Pa	art VI	Viscellane	ous Items							
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a me	thod change t	peen made for the current plan	n year? If "Yes," see instructions r	egarding required attacl	nment	Yes X No			
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required	attachmer	nt			
27				r applicable code and see instructi		27				
P	art VII	Reconcilia	ation of Unpaid Minim	ım Required Contribution	s For Prior Years					
28	Unpaid m	inimum requir	ed contributions for all prior ye	ears		28	0			
29				inpaid minimum required contribu		29	0			
30	Remainin	g amount of u	npaid minimum required conti	ibutions (line 28 minus line 29)		30	0			
Pa	art VIII	Minimum	Required Contribution	For Current Year			-			
31			excess assets (see instruction							
	<b>a</b> Target r	югтаl cost (lir	ne 6)			31a	0			
	<b>b</b> Excess	assets, if appl	licable, but not greater than lir	ne 31a		31b				
32	Amortizat	ion installment	ts:		Outstanding Bala	nce	Installment			
	a Net sho	rtfall amortiza	tion installment	***************************************		C	0			
	<b>b</b> Waiver	amortization i	nstallment	***************************************		C	0			
33				r the date of the ruling letter grant) and the waived amount		33				
34	Total fund	ling requireme	ent before reflecting carryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0			
		,		Carryover balance	Prefunding balar	nce	Total balance			
35	_		e to offset funding				0			
36	Additional	cash requirer	ment (line 34 minus line 35)			36	0			
37		ons allocated	to valuation date (line	37	170,414					
38	38 Present value of excess contributions for current year (see instructions)									
	<b>a</b> Total (excess, if any, of line 37 over line 36)									
	<b>b</b> Portion	included in lin	38b	0						
39	Unpaid m	inimum require	39	0						
40	40 Unpaid minimum required contributions for all years									
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedu	e elected					2 plus 7 years  15 years			
	<b>b</b> Eligible	plan year(s) fo	or which the election in line 41	a was made		20	008 2009 2010 2011			
42	Amount of	acceleration	adjustment			42				
43	Excess ins	stallment acce	leration amount to be carried	over to future plan years		43				