Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		ldentification Information	1						
For calend	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016				
∆ This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) on ployer information in ac					
71 11110 101	tam/roport to for.	a one-participant plan	a foreign plan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 101111 111011 1011011			
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name ELLIOTT A.		EFINED BENEFIT PLAN			1b Three-digit plan numb (PN) ▶				
					1c Effective d	ate of plan 01/01/2007			
Mailing	g address (include roc	over, if for a single-employer plan) om, apt., suite no. and street, or P.C				dentification Number 65-0258504			
	STEIN, M.D., P.A.	ce, country, and ZIP or foreign post	ai code (ir föreign, see insti	ructions)		telephone number 5-933-8966			
21110 BISC	AYNE BOULEVARD					code (see instructions)			
SUITE 404 AVENTURA,						621111			
3a Plan a	dministrator's name a	ind address X Same as Plan Spo	nsor.		3b Administra	tor's EIN			
					3c Administra	tor's telephone number			
					OO Administra	tor 3 telephone number			
		ne plan sponsor has changed since imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total i	number of participant	s at the beginning of the plan year.			5a	5			
b Total	number of participants	s at the end of the plan year			5b	5			
		account balances as of the end of		•	5c				
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	4			
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)				
than	100% vested	t terminated employment during the			5e				
		or incomplete filing of this retur ther penalties set forth in the instru							
SB or Sche		and signed by an enrolled actuary,							
SIGN	Filed with authorized	/valid electronic signature.	09/06/2017	ELLIOTT STEIN, M.D					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN HERE									
	Signature of empl		Date			ployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's telep	hone number			
1									

Form 5500-SF 2016 Page **2**

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in								Not	determined
	t III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		907815				•	1078	216
b	Total plan liabilities	7b		0)					0
С	Net plan assets (subtract line 7b from line 7a)	7c		907815					1078	216
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) ·	Total	
а	Contributions received or receivable from:	0-(4)		115000						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers) Other income (loss)	8a(3)		64029						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			-				179	029
	Benefits paid (including direct rollovers and insurance premiums	80								
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		8628						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								628
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		1704				401		
j	Transfers to (from) the plan (see instructions)	8j		C						
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	des 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	les in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
а	Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		X				
b	Program)	t? (Do not	include transactions	10a 10b		X				
				10c	X					91000
d		fidelity bo	nd, that was caused	10d		X				
e		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	2520.101-3.)			10h		X				
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			10i						

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•	0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					□\	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		s, and	l enter t _ Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		ī		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougo ol of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the pl	an(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	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 What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					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 Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the File as an attachment to Form 5500 or 5500-SF.

Fo	or calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and endir	ng 12/3	31/2016	
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	conable cau	isa is astablisha	ıd		
	Name of plan	soriable cau	B Three-di			
	ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN	plan nun	0	J) •	002	
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	dentific	ation Number (E	:IN)
	ELLIOTT A. STEIN, M.D., P.A.		1 1,1	65-02		,
E	Type of plan: X Single Multiple-A Multiple-B F Prior year	plan size:	X 100 or fewer	101-	-500 More th	an 500
F	Part I Basic Information					
1	Enter the valuation date: Month 01 Day 01 Year	2016				
2						
	a Market value			. 2a		905508
	b Actuarial value			2b		905508
3	Funding target/participant count breakdown	` '	Number of articipants		sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	(
	b For terminated vested participants		1		740	740
	C For active participants		4		914145	914145
	d Total		5		914885	914885
4	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 status for fewer than five consecutive years and disregarding loading factor					
5	Effective interest rate			5		5.91 %
6	Target normal cost			6		102313
Sta	atement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				09/05/201	7
	Signature of actuary				Date	
	NEIL NEUBARTH, FSA, MSPA, MAAA, EA				17-03005	
	Type or print name of actuary			Most	recent enrollmer	
(GOLD COAST PENSION CONSULTANTS				954-491-12	
	P.O. BOX 70636 FORT LAUDERDALE, FL 33307-0636		16	eiepnone	e number (includi	ing area code)
	Address of the firm		_			
	ne actuary has not fully reflected any regulation or ruling promulgated under the statute	in complet	ting this schedul	e, check	the box and see	• [

Pá	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances								
	•							(a) C	arryover balance		(b) P	refundir	ng balance	
7		-	•		able adjustments (line 13 from				0				0	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0				
9	Amount	remaining	g (line 7 minus line	9 8)					0				0	
10	Interest	on line 9 ı	using prior year's	actual retu	rn of				0				0	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:									
	a Prese	nt value o	f excess contribut	ions (line (38a from prior year)								57911	
	Sc	hedule SI	B, using prior year	's effective	a over line 38b from prior yea e interest rate of6.11 %	6	•						3538	
					edule SB, using prior year's a								0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance								61449	
	d Portio	n of (c) to	be added to prefe	unding bal	ance								0	
12	Other re	ductions i	n balances due to	elections	or deemed elections				0				0	
					line 10 + line 11d – line 12)		+		0				0	
	art III		ding Percenta		,		<u> </u>			1				
												14	98.97%	
					•							15	98.97%	
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether carry	over/prefur	nding	g balance	es may be used to	educe o	current	16	110.29%	
17	•				less than 70 percent of the f							17	%	
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls						L.			
18					ar by employer(s) and emplo	•					1			
(1)	(a) Dat ∕M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-D	Date D-Y		(b) Amount pai employer(s	-	(c	(c) Amount paid by employees		
	8/15/2016	,	- 1 - 2	2	0			,	- 1 - 2 - (-	,			,	
0	4/24/2017	7		65000	0									
0	8/16/2017	7		49998	0									
												1		
						Totals ▶		18(b)		15000	18(c)		0	
19					ructions for small plan with a									
				•	num required contributions for					9a			0	
	b Contributions made to avoid restrictions adjusted to valuation date													
20						ar adjusted	to Va	aluation d	ate	90			105846	
20			itions and liquidity		e prior year?								Yes X No	
			_		installments for the current y							□	Yes No	
			•		mplete the following table as			uniony illo	AIIII CI :				169 140	
	• II III IE	20a 15 11	cs, see manucho	i i a ai iu coi	Liquidity shortfall as of end			his plan v	/ear					
		(1) 1s	t		(2) 2nd				3rd		((4) 4th		

P	art V Assumpti	ions Used to Determine	Funding Target and Targ	get Normal Cost						
21	Discount rate:									
	a Segment rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used				
	b Applicable month (e	nter code)			21b	0				
22	Weighted average retir	ement 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	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 method change	been made for the current plan	year? If "Yes," see instructions re	egarding required attach	ment	Yes X No				
26	Is the plan required to	provide a Schedule of Active Pa	rrticipants? If "Yes," see instruction	ons regarding required a	ittachment	Yes X No				
27			applicable code and see instructi		27					
P	art VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years						
28	Unpaid minimum requi	red contributions for all prior yea	ars		28	0				
29			npaid minimum required contribut	' '	29	0				
30	Remaining amount of u	unpaid minimum required contrib	outions (line 28 minus line 29)		30	0				
Pa	art VIII Minimum	Required Contribution	For Current Year							
31	Target normal cost and	d excess assets (see instruction	s):							
	a Target normal cost (li	ine 6)			31a	102313				
	b Excess assets, if app	olicable, but not greater than line	e 31a		31b	0				
32	Amortization installmen	nts:		Outstanding Bala	nce	Installment				
	a Net shortfall amortiza	ation installment			9377	1549				
					0	0				
33			the date of the ruling letter granti) and the waived amount		33					
34	Total funding requirem	ent before reflecting carryover/p	refunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	103862				
			Carryover balance	Prefunding balar	nce	Total balance				
35	Balances elected for us	se to offset funding	0		0	0				
36		L			36	103862				
37			ribution for current year adjusted		37	105846				
20	,		(\)		O,	100040				
30		es contributions for current year	(see instructions)		38a	1984				
			funding and funding standard car		38b	0				
39			(excess, if any, of line 36 over line)		39	0				
40				·	40	0				
	40 Unpaid minimum required contributions for all years									
		e to use PRA 2010 funding relie		•	<u>, </u>					
						2 plus 7 years 15 years				
			a was made			<u>'</u>				
42	- , , , ,		was made		42					
		•	ver 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 01/01/2016 through 12/31/2016

Valuation Date: 01/01/2016

Funding Method: As prescribed in IRC Section 430

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

New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.41
Segment 2	6 - 20	3.96
Segment 3	> 20	4.97

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment #	Year	Rate %		
Segment 1	0 - 5	4.43		
Segment 2	6 - 20	5.91		
Segment 3	> 20	6.65		

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 16E - 2016 Applicable Mortality Table for 417(e) (unisex) at 5.5%

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

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

Testing Age - Normal retirement 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% 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 01/01/2016 through 12/31/2016

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2016 or fi	iscal plan year beginning (01/01/2016	and ending	12/31	1/2016
		X a single-employer plan				ng this box must attach a
A This ret	:urn/report is for:		list of participating en	nployer information in a	ccordance wit	h the form instructions.)
		a one-participant plan	a foreign plan			
_						
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check I	box if filing under:	X Form 5558	automatic extension		☐ DFVC pro	ogram
		special extension (enter descrip	_		□ ы чорю	gram
Darrell	Dania Dian Info			-		
Part II		ormation—enter all requested info	rmation		46 There	11.74
1a Name	Market & Americans				1b Three-	
EPPTO.L.L.	A. STEIN, M.	D., P.A. DEFINED BENEF	TT PLAN		(PN)	
						ve date of plan
					10000 0000	./2007
		oyer, if for a single-employer plan)			2b Employ	yer Identification Number
		m, apt., suite no. and street, or P.O.			1	55-0258504
	TOWN, STATE OF PROVINCE	ce, country, and ZIP or foreign postal	code (il foreign, see inst	ructions)	2c Spons	or's telephone number
ппптогі	. II. DILIN, II	.b., I.A.			305-9	33-8966
21110 B	SISCAYNE BOULE	ZVAPD			2d Busine	ess code (see instructions)
SUITE 4		IVARD			62111	1
AVENTUR		FL 33180				
		nd address X Same as Plan Spons	·or		3h Admini	istrator's EIN
ou i iuii u	arrimotrator o riarric ar	d address A came as rian opons	ioi.		30 Admini	ISTIATOL 2 EIIA
					3c Admini	istrator's telephone number
						(200)
4 If the n	ame and/or EIN of the	e plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b EIN	
		mber from the last return/report.		or time plant, onto, the	TO LIN	
a Sponso	or's name				4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	5
b Total r	number of participants	at the end of the plan year			5b	ŗ
		account balances as of the end of th			F 0	***************************************
	- 1 - 11 1 - 11 - A				5c	
d(1) Tota	al number of active pa	rticipants at the beginning of the plar	n year		5d(1)	4
d(2) Tota	al number of active pa	rticipants at the end of the plan year			5d(2)	
		terminated employment during the p				
than 1	100% vested				5e	0
Under nena	penalty for the late	or incomplete filing of this return/in the instruction in the instruct	report will be assessed	unless reasonable ca	use is establ	ished.
SB or Sche	dule MB complet e d ai	nd signed by an enrolled actuary, as	well as the electronic ver	rsion of this return/repo	rt, and to the b	g, if applicable, a Schedule best of my knowledge and
belief, it is t	rue, correct, and com	olete		1		
SIGN	alles	Xac	9/6/2017	ELLIOTT STEIN	, M.D.	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as	s nlan administrator
SIGN				, and or marvio	gg ac	
HERE	Signature of					- NO.
Prenarer's	Signature of emplo	yer/plan sponsor lame, if applicable) and address (incl	Date	Enter name of individ		employer or plan sponsor
. Toparor 5 I	iamo (inolaanig iiili li	arrie, il applicable) allu address (IIICI	idde 100m of Suite numbe	51 <i>)</i>	Preparer's t	elephone number

n-	O.	_	2
۲a	q	е	_

b	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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		X Ye	s No s No
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	.			b) End c	of Year	
а	Total plan assets	7a		907,	815				1,0	78,216
b	Total plan liabilities	7b			0					0
c	Net plan assets (subtract line 7b from line 7a)	7c		907,	815				1,0	78,216
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	it				(b) To	tal	
а	Contributions received or receivable from:	8a(1)		115,	000					
-	(1) Employers	8a(2)			and and					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		64,	029					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							<i>Telinossenia</i>]	79,029
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0.000					
е	Certain deemed and/or corrective distributions (see instructions)	8e			65					
f	Administrative service providers (salaries, fees, commissions)	8f		8,	628					
g	Other expenses	8g			West Control					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								8,628
i_	Net income (loss) (subtract line 8h from line 8c)	8i							1	70,401
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 cod	es from the List of Pl	an Cha	racteris	stic Co	des in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acterist	ic Cod	les in t	he instru	ctions:	
Par	- CARREST - CARR									
10	During the plan year:	tiona within	the time a medical		Yes	No	N/A		Amount	:
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		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?			10c	Х					91,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
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.)					Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		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						

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

Yes

No

No

the letter

and the serial number

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?

Defined Benefit Plan or Money Purchase Pension Plan Only:

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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

a Market value				
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.		12/31/2016		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELLIOTT A. STEIN, M.D., P.A. E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: Single Part Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value				
A Name of plan ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELLIOTT A. STEIN, M.D., P.A. E Type of plan: S Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELLIOTT A. STEIN, M.D., P.A. E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value. b Actuarial value 3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants d Total 4 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. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 6 Target normal cost To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete accordance with applicable law in any polition, earlythine gasumention is reasonable (taking into account the experience of the plan and commission), offer my best satinate of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary Firm name Tel.	er (PN)	•	002	
ELLIOTT A. STEIN, M.D., P.A. E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value				
ELLIOTT A. STEIN, M.D., P.A. EType of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value	entificat	tion Number (E	IN)	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets:				
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value b Actuarial value 3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment 0 b For terminated vested participants c For active participants d Total 4 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. b Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate. 6 Target normal cost To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete a accordance with applicable law and regulations. In my opinion, eacrybither assumption is reasonable (taking into account the experience of the plan and combination, offer my best settinate of anticipated expension or not combination, offer my best settinate of anticipated expension or not combination, offer my best settinate of anticipated expensions accombination. The plan and combination, offer my best settinate of anticipated expensions. In my opinion, eacrybither assumption is reasonable (taking into account the experience of the plan and combination, offer my best settinate of anticipated expensions. In my opinion accounts and attachments, if any, is complete a accordance with applicable law and regulations. In my opinion, eacrybither assumption is reasonable (taking into account the experience of the plan and combination, offer my best settinate of anticipated expensions. SIGN HERE Signature of actuary The plant is a control of the plan and combination and attachments, if any, is complete a accordance with applicable law and regulations. In my opinion, eacrybither assumption is account				
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value	101-5	More th	an 500	
1 Enter the valuation date: Month 01 Day 01 Year 2016 2 Assets: a Market value				
Assets: a Market value				
a Market value			205 50	
3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment	2a		905,50	
a For retired participants and beneficiaries receiving payment 0 b For terminated vested participants 1 c For active participants 4 d Total 5 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 5 5 Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 6 6 Target normal cost 5 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 a accordance with applicable law and regulations. In my opinion, eaclycither assumption is reasonable (taking into account the experience of the plan and combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary Signature of actuary Firm name Tele	2b	sted Funding	905,50 (3) Total Funding	
b For terminated vested participants		Target	Target	
b For terminated vested participants		0		
d Total		740	74	
d Total		914,145		
4 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. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 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 a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Tele		914,885	914,88	
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 6 Target normal cost				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	. 4a			
5 Effective interest rate 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 a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Tele	•		77.010	
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 a accordance with applicable law and regulations. In my opinion, each/other assumption is reasonable (taking into account the experience of the plan and combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Tele	. 5		5.91%	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is completed accordance with applicable law and regulations. In my opinion, each/other assumption is reasonable (taking into account the experience of the plan and combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Tele	. 6	1	102,31	
Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Tele	and accur d reasona	arate. Each prescribe able expectations) and 09/05/20		
NEIL NEUBARTH, FSA, MSPA, MAAÁ, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Tele		Date	<u></u>	
Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Tele		170300		
Firm name Tele	Most	recent enrollm 954-491-		
	lephone	e number (inclu	iding area code)	
P.O. BOX 70636				
FORT LAUDERDALE FL 33307-0636 Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule	e, check	k the box and s	ее	

age:	2 -	
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Schedule	SB (Form	5500)	2016

	3 (Form 5500) 2016	and Drofunding Rala	nces					
Part II Beginn	ning of Year Carryover	and Prefunding Baia	(a) Ca	rryover balance	(b) F	refunding	g balance	
Balance at beginning	ng of prior year after applicable	adjustments (line 13 from p	prior					0
Portion elected for	use to offset prior year's fundir	ng requirement (line 35 from	prior			0		
	(line 7 minus line 8))			0
	sing prior year's actual return o			()			0
	contributions to be added to p							
	excess contributions (line 38a						57,9	111
b(1) Interest on the Schedule SB	ne excess, if any, of line 38a ov s, using prior year's effective in	ver line 38b from prior year terest rate of 6.11% .		Proceedings of the Control of the Co			3,5	38
	ne 38b from prior year Schedu							(
C Total available at	beginning of current plan year to	o add to prefunding balance					61,	149
	be added to prefunding balance							C
A Company of the Comp	n balances due to elections or	and the second s						
	n balances due to elections or ling of current year (line 9 + line				0			(
0.000 Miles (2010	1	e to mile the mile tayou						
	ding Percentages					14	98.9	7%
	ainment percentage					15	98.9	7%
6 Prior voor's fundin	target attainment percentage ng percentage for purposes of purement	determining whether carryo	er/prefunding balance	es may be used to redu	ce current	16	110.2	3 %
year's funding req	e of the assets of the plan is le	ss than 70 percent of the fu	nding target, enter suc	ch percentage		17		%
	ntributions and Liquidit							
	de to the plan for the plan year		rees"					
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid b	/		int paid by	
(MM-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY)	employer(s)		emp	loyees	
08/15/2016	2	0						
04/24/2017	65,000	0					 	
08/16/2017	49,998	0						
						 		شخين.
			And the second s			and the same of the		+
and the second s								
<u></u>								
				arrage frame in the first				
			Totals ▶ 18(b)	115,	000 18(c)		
		f I _len with a	valuation data after th	e beginning of the year	•			
	loyer contributions - see instru	actions for small plan with a	rom prior years	19	1			
19 Discounted emp	i e e e e e e e e e e e e e e e e e e e		totti bitoi Joaroitiitii	401	,			
a Contributions	allocated toward unpaid minin	num required contributions t	And the second					
a Contributions b Contributions	allocated toward unpaid minin	usted to valuation date		19i			105	, 8
a Contributionsb Contributionsc Contributions	allocated toward unpaid minin made to avoid restrictions adju allocated toward minimum requi	usted to valuation date					105	, 8
a Contributions b Contributions c Contributions 20 Quartedy contrib	allocated toward unpaid minin made to avoid restrictions adju allocated toward minimum requi	usted to valuation date red contribution for current ye	ar adjusted to valuation	date190	3		105 Yes X	
a Contributions b Contributions c Contributions 20 Quarterly contributions	allocated toward unpaid minin made to avoid restrictions adju allocated toward minimum requir butions and liquidity shortfalls: have a "funding shortfall" for th	usted to valuation datered contribution for current ye	ar adjusted to valuation	date	2			N
a Contributions b Contributions c Contributions 20 Quarterly contrib a Did the plan t b If line 20a is	allocated toward unpaid mining made to avoid restrictions adjuicated toward minimum required butions and liquidity shortfalls: have a "funding shortfall" for the "Yes," were required quarterly	usted to valuation datered contribution for current ye e prior year?	ar adjusted to valuation	date	2		Yes X	N
a Contributions b Contributions c Contributions 20 Quarterly contrib a Did the plan t b If line 20a is	allocated toward unpaid minin made to avoid restrictions adju allocated toward minimum requir butions and liquidity shortfalls: have a "funding shortfall" for th	usted to valuation datered contribution for current ye e prior year?	ar adjusted to valuation year made in a timely applicable:	date	2		Yes X	

Pa	nrt V Assumpti	ions Used to Determine	Funding Target and Targ	et Normal Cost		
	Discount rate: a Segment rates:	1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used
		4.43%	5.91 %	6.65%	041	0
					21b	65
22	Weighted average reti	rement age	***************************************		22	
23	Mortality table(s) (see	instructions) X Preso	cribed - combined Preso	cribed - separate	Substitut	ė
Pa	rt VI Miscellane	ous Items				
	attachment	***************************************	arial assumptions for the current p	****************		
25	Has a method change	been made for the current plar	year? If "Yes," see instructions r	egarding required attachr	ment	Yes X No
			articipants? If "Yes," see instructi			
27	If the plan is subject to attachment	alternative funding rules, ente	r applicable code and see instruct	ions regarding	27	
Pi	art VII Reconcil	liation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid minimum requ	uired contributions for all prior ye	28	(
29	Discounted employer	contributions allocated toward	unpaid minimum required contribu	tions from prior years	29	
30	Remaining amount of	unpaid minimum required cont	ributions (line 28 minus line 29)		30	· · · · · · · · · · · · · · · · · · ·
Pi	art VIII Minimun	n Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instruction	ons):			4.00 .04.1
	a Target normal cost	(line 6)		***************************************	31a	102,31
	b Excess assets, if a	pplicable, but not greater than li	ne 31a		31b	Installment
32	Amortization installment			Outstanding Bala		1,54
		zation installment		••	9,377	1,01
			***************************************		1	
33	(Month	Day Year	er the date of the ruling letter grar) and the waived amount	***********	33	
34	Total funding require	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	103,86
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances elected for	use to offset funding		0		
26		irement (line 34 minus line 35).	***************************************		. 36	103,86
37	Contributions allocat	ed toward minimum required co	ontribution for current year adjuste	d to valuation date (line	37	105,84
38		ess contributions for current ye			. 38a	
	a Total (excess, if any, of line 37 over line 36)					1,98
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					
39	the time for a property configuration of line 36 over line 37)				39	
40	Unnaid minimum red	guired contributions for all years		*******************************	40	
P	art IX Pensio	on Funding Relief Under	Pension Relief Act of 20	10 (See Instruction	s)	
4	1 If an election was m	ade to use PRA 2010 funding re	elief for this plan:		<u> </u>	
	a Schedule elected	***************************************	***************************************	*******************************		2 plus 7 years 15 years
	b Eligible plan year	(s) for which the election in line	41a was made		2	2008 2009 2010 2011
4			***************************************		42	
	0 = :	acceleration amount to be carrie	ed over to future plan years	******************************	43	The state of the s

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 01/01/2016 through 12/31/2016

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 01/01/2016 through 12/31/2016 Valuation Date: 01/01/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	08/15/2016	\$2					
Applied to MRC	01/01/2016	2	2	0	0	5.91	0
Deposited Contribution	04/24/2017	\$65,000					
Applied to MRC	01/01/2016	65,000	60,292	0	0	5.91	0
Deposited Contribution	08/16/2017	\$49,998					
Applied to Additional Contribution	01/01/2016	2,178	1,984	0	0	5.91	0
Applied to MRC	01/01/2016	47,820	43,568	0	0	5.91	0
Totals for Deposited Contribution		\$115,000	\$105,846	\$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 01/01/2016 through 12/31/2016

Employer: ELLIOTT A. STEIN, M.D., P.A.

Type of Entity - S-Corporation

EIN: 65-0258504 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2007 Year end - 12/31/2016 Valuation - 01/01/2016

Top Heavy Years - 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

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

Plan Benefits: Retirement - Derived from the graded benefit formula below:

Employee Classification Benefit Formula

A 4.6% of average monthly compensation per year of participation after

01/01/2007 limited to 10 year(s)

B 0.5% of average monthly compensation per year of participation after

01/01/2007 limited to 10 year(s)

Accrued Benefit - Unit credit based on participation. Service prior to 01/01/2007 is excluded

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

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity
Optional Forms: Lump Sum

<u>Vesting Schedule:</u> 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 01/01/2016 through 12/31/2016

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.82
Segment 2	6 - 20	4.12
Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, line 32 - Schedule of Amortization Bases

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

65-0258504 / 002

For the plan year 01/01/2016 through 12/31/2016

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2016	9,377	Shortfall	9,377	7	1,549
Totals:				\$9,377		\$1,549