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

2017

This Form is Open to Public Inspection

Parti	Annual Repon	dentification information								
For calenda	r plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12	/31/2017					
A This retu	urn/report is for:	X a single-employer plan		lan (not multiemployer) (F nployer information in acc	_					
D T L's	and the analysis	a one-participant plan	a foreign plan							
B This retu	rn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retui	n/report (less than 12 mo	onths)					
C Check b	ox if filing under:	X Form 5558	558 automatic extension DFVC program							
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name of ELLIOTT A. S		EFINED BENEFIT PLAN			1b Three-digit plan numb (PN) ▶					
		-	1c Effective date of plan 01/01/2007							
		oyer, if for a single-employer plan)			2b Employer I	dentification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(EIN)	65-0258504				
-	STEIN, M.D., P.A.	so, country, and 211 of foldight post	ar oodo (ir foreign, oce mot	, dollons)		telephone number 5-933-8966				
					2d Business of	code (see instructions)				
21110 BISCA SUITE 404	YNE BOULEVARD			621111						
AVENTURA,	FL 33180									
3a Plan ad	lministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
				-	3c Administra	tor's telephone number				
					7 Administra	tor o telephone number				
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN					
a Sponso	r's name				4d PN					
C Plan Na	ame									
5a Total n	umber of participants	s at the beginning of the plan year.			5a	5				
b Total n	umber of participants	s at the end of the plan year			5b	5				
		account balances as of the end of			5c					
d(1) Tota	I number of active pa	articipants at the beginning of the p	lan year		5d(1)	4				
` '	•	articipants at the end of the plan ye		-	5d(2)	4				
than 1	00% vested	o terminated employment during the	•••••		5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau						
SB or Scheo		ther penalties set forth in the instruand signed by an enrolled actuary, and lete.								
0.0	Filed with authorized	d/valid electronic signature.	09/03/2018	ELLIOTT STEIN, M.D.						
HERE Signature of plan administrator Date Enter name of individual sig						n administrator				
SIGN										
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor					

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	 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 cannel							X Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	. —	Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)		
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a		78216			• •	1345509		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	107	78216				1345509		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Γotal		
a	Contributions received or receivable from: (1) Employers	8a(1)	14	41577						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	1;	36224						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						277801		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	nefits paid (including direct rollovers and insurance premiums provide benefits)								
е	ertain deemed and/or corrective distributions (see instructions) 8e									
f	Administrative service providers (salaries, fees, commissions)	10508								
g	Other expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					10508				
i_	Net income (loss) (subtract line 8h from line 8c)						267293			
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 1A 3D	feature co	des 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 fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	des in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V-Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ			110000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
е	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.)	10e		X						
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i		_				

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Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y	es X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	\Box	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	s 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 under the control 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), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s): 13c(2) EIN(s)	•	13c(3)	PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

File as an attachment to Form 5500 or 5500-SF.

This Form is Open to Public Inspection

OMB No. 1210-0110

2017

Fo	r calendar	olan year 20	17 or	fiscal plan y	/ear	beginning (1/01/201	7		and endi	ng 12/	31/201	17	
•	Round of	amounts t	o nea	arest dollar.										
<u> </u>	Caution:	A penalty of	\$1,00	00 will be ass	sess	sed for late filing o	of this rep	ort unless reasona	ble caus	se is establishe	ed.			
	Name of pl									B Three-d	igit			
	ELLIOI I A	. STEIN, M.	D., P.	.A. DEFINEL) BE	ENEFIT PLAN				plan nui	mber (PN	1)	<u> </u>	002
С	Plan spons	or's name a	s sho	wn on line 2	a of	Form 5500 or 55	00-SF			D Employe	r Identific	cation I	Number (E	======================================
	•	. STEIN, M.								, ,		58504	`	,
E	Type of plar	: X Single	:	Multiple-A		Multiple-B		F Prior year plan	size: X	100 or fewer	101	-500	More th	nan 500
F	Part I	Basic Inf	orm	ation			•							
1		valuation d			Mon	nth <u>01</u> I	Day <u>01</u>	Year <u>201</u>	7					
2	Assets:													
	a Marke	value									2a			1075318
	b Actuar	ial value									2b			1075318
3	Funding	target/partic	ipant	count break	dow	/n			` '	lumber of ticipants	(2) Ve	sted F Targe	unding t	(3) Total Funding Target
	a For re	ired particip	ants a	and benefici	aries	s receiving payme	ent			0			0	0
	b For te	minated ves	sted p	articipants						1			833	833
	C For ac	ive participa	ants							4			1091462	1091462
	d Total									5			1092295	1092295
4	If the pla	n is in at-ris	k stat	us, check the	e bo	x and complete li	nes (a) a	nd (b)]				
	a Fundir	a target dis	regar	ding prescrib	oed :	at-risk assumptio	ns				4a			
		0 0	·	0.		•		sition rule for plan			4b			
								ng loading factor				'		
	Effective	interest rate	e								5			5.72 %
6											6			109960
Sta	To the best of accordance w	th applicable lav	the info	ormation supplied egulations. In m	y opir									d assumption was applied in d such other assumptions, in
	SIGN													
	HERE												09/17/201	8
				Sign	atur	e of actuary							Date	
	NEIL NEUB	ARTH, FSA	, MSF	PA, MAAA, E	Α								17-03005	5
				Type or p	rint	name of actuary					Most	recent	enrollme	nt number
	GOLD COA	ST PENSIO	N CC	NSULTANT	S								54-491-12	
F	P.O. BOX 7	0636			Firm	n name				Т	elephone	e numb	oer (includ	ling area code)
		ERDALE, F	FL 33	307-0636										
				Add	dres	s of the firm				= 				
	e actuary h	as not fully r	eflect	ed any regu	latio	n or ruling promu	lgated un	der the statute in o	completi	ng this schedu	le, check	the bo	ox and se	е

Page 2	? - ·
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Pá	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
							(a) C	arryover balance		(b) P	refundin	g balance	
7		•	. ,		able adjustments (line 13 froi			0				0	
8			•	•	nding requirement (line 35 fro			0				0	
9	Amount	remaining	g (line 7 minus line	8)				0		0			
10	Interest	on line 9 ı	using prior year's	actual retu	rn of <u>6.39</u> %			0				0	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							1984	
					a over line 38b from prior yea interest rate of							117	
	` '		•	•	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	·	2101					2101	
	d Portion of (c) to be added to prefunding balance									0			
12	2 Other reductions in balances due to elections or deemed elections									0			
	3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0			
Р	art III	Fun	ding Percent	ages									
14	14 Funding target attainment percentage									14	98.44%		
)					II.	15	98.44%	
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.							98.97%						
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the f	unding targ	et, enter suc	h percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and emplo	yees:							
(N	(a) Date		(b) Amount p employer		(c) Amount paid by employees	(a) I (MM-DE		(b) Amount pa employer(s		(с	(c) Amount paid by employees		
0	8/10/2018	3		120000	0								
0	8/29/2018	3		21577	0								
						Totals ▶	18(b)		141577	18(c)		0	
19		•	•		uctions for small plan with a								
	a Contributions allocated toward unpaid minimum required contributions from prior years												
	b Contributions made to avoid restrictions adjusted to valuation date												
20					red contribution for current year	ar adjusted t	o valuation d	ate 1	9c			125463	
20			tions and liquidity		e prior year?						X	Yes No	
			_		installments for the current y							🗀	
							ı a umely Ma	ત્રા⊪ા€ા :			Ц	Yes X No	
	C IT line	∠∪a is "Y	es, see instructio	ns and cor	nplete the following table as Liquidity shortfall as of end		of this plan v	/ear					
		(1) 1s	t		(2) 2nd	-1001101		3rd		(4) 4th		

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount	rate:									
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %		N/A, full yield curve used				
	b Applica	able month (er	nter code)			21b	0				
22	Weighted	average retire	ement age			22	65				
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Preso	cribed - separate	Substitu	ute				
Pa	art VI	Miscellane	ous Items								
24		•		arial assumptions for the current p	•		· · · — —				
25	Has a me	thod change b	been made for the current plar	n year? If "Yes," see instructions r	egarding required attach	ment	Yes X No				
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment										
27				r applicable code and see instructi		27					
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
			•	ears		28	0				
29	Discounte	ed employer co	ontributions allocated toward u	ions from prior years	29	0					
30	Remainin	g amount of u	inpaid minimum required conti		30	0					
Pa	Part VIII Minimum Required Contribution For Current Year										
31	· · · · · · · · · · · · · · · · · · ·										
	a Target r	31a	109960								
	b Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	0				
32	Amortizat	ion installmen	its:		Outstanding Bala	nce	Installment				
	a Net sho	ortfall amortiza	tion installment			16977	2970				
	b Waiver	amortization i	installment		-	0	0				
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter grant) and the waived amount	ing the approval	33					
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	112930				
				Carryover balance	Prefunding balar	nce	Total balance				
35			se to offset funding	0		0	0				
36	-					36	112930				
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	125463				
38			s contributions for current year								
			•			38a	12533				
	,	•		efunding and funding standard ca		38b	0				
39				ar (excess, if any, of line 36 over lin		39	0				
40	Unpaid m	inimum requir	ed contributions for all years			40	0				
Pai	rt IX			Pension Relief Act of 2010		s)					
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:							
	a Schedu	le elected					2 plus 7 years 15 years				
	b Eligible	plan year(s) f	for which the election in line 41	la was made			 				
42						42					
43	Excess in	stallment acce	eleration amount to be carried	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 01/01/2017 through 12/31/2017

Valuation Date: 01/01/2017

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	1.57
Segment 2	6 - 20	3.77
Segment 3	> 20	4.73

Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

Segment # Year Rate %

Segment #	Year	Rate %
Segment 1	0 - 5	4.16
Segment 2	6 - 20	5.72
Segment 3	> 20	6.48

Pre-Retirement - Mortality Table - None

Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

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

Cost of Living - None

Lump Sum - 17E - 2017 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

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 01/01/2017 through 12/31/2017

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 average 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

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

2017

This Form is Open to Public Inspection

	Identification Information								
For calendar plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/31/	2017				
A This return/report is for:	X a single-employer plan		olan (not multiemployer) mployer information in a						
	a one-participant plan	a foreign plan			er				
B This return/report is	the first return/report	the final return/report							
	an amended return/report	ort a short plan year return/report (less than 12 months)							
C Check box if filing under:	X Form 5558	automatic extension		DFVC progr	am				
	special extension (enter des		Constant in the Constant of Co						
Part II Basic Plan Info	ormation—enter all requested i	nformation							
1a Name of plan				1b Three-dig					
ELLIOTT A. STEIN, M.	D., P.A. DEFINED BEN	IEFIT PLAN		plan num (PN) ▶	0500.400400				
				1c Effective 01/01/2					
	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.				r Identification Number				
	ce, country, and ZIP or foreign pos		tructions)		- 0258504 s telephone number				
EDDIOII A. SIEIN, M	.D., F.A.			305-93					
21110 BISCAYNE BOULE		2d Business code (see instructions) 621111							
SUITE 404	DI 22100								
AVENTURA	FL 33180								
3a Plan administrator's name a	nd address X Same as Plan Spo	onsor.		3b Administr	rator's EIN				
				3c Administr	rator's telephone number				
	e plan sponsor or the plan name h nsor's name, EIN, the plan name			4b EIN					
a Sponsor's name				4d PN					
C Plan Name									
5a Total number of participants	at the beginning of the plan year			. 5a	5				
b Total number of participants	at the end of the plan year			. 5b	5				
	account balances as of the end o			. 5c					
	rticipants at the beginning of the p			5d(1)	4				
	rticipants at the end of the plan ye			5d(2)	4				
than 100% vested	terminated employment during th			5e	0				
Under penalties of perium and of	or incomplete filing of this return her penalties set forth in the instru	rn/report will be assessed	unless reasonable ca	ause is establish	ned.				
SB or Schedule MB completed and belief, it is true, correct, and com-	nd signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repo	ort, and to the bes	st of my knowledge and				
SIGN Zu	MSTON	9/3/2018.	ELLIOTT STEIN	I, M.D.					
HERE Signature of plan a	dministrator	Date	Enter name of individ	dual signing as p	lan administrator				
SIGN									
Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual signing as e	mployer or plan sponsor				

	-	_	_	-
М	а	O	е	_

	Were all of the plan's assets during the plan year invested in eligib							X Yes No
a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	🛮 Y	es X No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	oremium filing for this pl	lan yea	r		(S	ee instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of	of Year			(b) End of	Year
а	Total plan assets	7a		078,				1,345,509
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	078,	216			1,345,509
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tota	ıl
а	Contributions received or receivable from: (1) Employers	8a(1)		141,	577			
	(2) Participants	8a(2)			970000			
	(3) Others (including rollovers)	8a(3)			Andrew St			
b	Other income (loss)	8b		136,	224			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						277,801
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			El Congress			
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		10,	508			
g	Other expenses	8g	Z11/195 S200000 Z2000 T100000 V10000					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				*****		10,508
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						267,293
J	Transfers to (from) the plan (see instructions)	8j			0			
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Code	s in the instruc	tions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	cterist	ic Codes	in the instructi	ons:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Am	ount
а	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 F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			110,000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	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 a	s of year-e	end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 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	ne required	d notice or one of the	10i				

Form	5500	-SF	201	7

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Page	ა-		

Part '	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)			X Yes No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o		Yes X No	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insigranting the waiver.	lonth	d enter t		of the letter rulingYear
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.			
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 lengative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part \	/II 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 control of the PBGC?	ht under the			Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	fy the plan(s)) to		
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

Part 1 Basic Information I Enter the valuation date: Month O1 Day O1 Year 2017 B Three-digit plan number (PN) B Three-digit plan number (PN) F Prior year plan size: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) More than 500 More than 500 More than 500 C Part 1 Basic Information 1 Enter the valuation date: Month O1 Day O1 Year 2017 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) More than 500 T Assets: 2a 1,075,318 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)		as an attachment to Form			10/01/00	4 m
P Caution: A penalty of \$1,000 will be assessed for late filing of his report unless reasonable cause is established. A Name of plan ELLIOTT A. STEIN, M.D., P.A. DEFINED BENEFIT PLAN B Three-dight plan number (PN) CO2 C Plan sponsor's name as shown on line 2a of Form \$500 or 5500-SF ELLIOTT A. STEIN, M.D., P.A. E Type of plan: Single	For calendar plan year 2017 or fiscal plan year beginning	01/01/2017	and ending)	12/31/20	1 /
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: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part B Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2017 2 Assets: 2 1,075,316 D Actuarial value 2 1,075,316 A STEIN A STEIN A STEIN MONTH 01 Day 01 Year 2017 3 Funding target/participant count breakdown participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		of this rapart unless reserve	nahla nauca je ostabljebos			
ELLIOTT A. STEIN, M.D., F.A. DEFINED BENEFIT FLAN plan number (PN) 002		g or this report unless reason				
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: 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2017 2 Assets: a Market value	ELLIOTT A. STEIN, M.D., P.A. DEFIN	ED BENEFIT PLAN				002
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part J Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2017 2 Assets: a Market value			pic	σοι (<u>, , , , ,</u>	1	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part J Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2017 2 Assets: a Market value			<u> </u>			
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-600 More than 500 Part I Basic Information	C Plan sponsor's name as shown on line 2a of Form 5500 or	5500-SF	D Employer	Identifica	tion Number (E	IN)
Part I Basic Information Enter the valuation date: Month 0.1 Day 0.1 Year 2017	ELLIOTT A. STEIN, M.D., P.A.		65-025850	4		
Part I Basic Information Enter the valuation date: Month 0.1 Day 0.1 Year 2017	F Type of plan: X Single Multiple-A Multiple-B	F Prior year pla	an size: X 100 or fewer	□ 101-5	i00 More tha	an 500
1					ــــــــــــــــــــــــــــــــــــــ	
2 Assets: a Market value		Day 01 Year	2017	<u> </u>		<u> </u>
a Market value	Line valuation date.	Day rear				
3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment		*****************	******************************	2a		1,075,318
a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b Actuarial value		*****************************	2b		1,075,318
a For retired participants and beneficiaries receiving payment	3 Funding target/participant count breakdown		1			
b For terminated vested participants 1 833 833 C For active participants 4 1,091,462 1,091,462 d Total 5 1,092,295 1,092,295 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 4 4 1,091,462 1,091,462 1,092,295 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 4 4 5 1,092,295 1	a For retired participants and beneficiaries receiving pay	ment				, angut
C For active participants 4 1,091,462 1,091,462 d Total 1,091,462 d Total 1,092,295 1,	· · · · · · · · · · · · · · · · · · ·				833	833
d Total				. 1	,091,462	1,091,462
a Funding target disregarding prescribed at-risk assumptions	er tradition of the contract o		-	1	,092,295	1,092,295
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	4 If the plan is in at-risk status, check the box and complet	e lines (a) and (b)	********			
status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate	a Funding target disregarding prescribed at-risk assump	tions		4a		
5 Effective interest rate						
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 bast estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 1703005 Type or print name of actuary Most recent enrollment number GOLD COAST PENSION CONSULTANTS 954-491-1264 Firm name Telephone number (including area code) P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm						5 72%
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 and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan and reasonable expectations) and such other assumption was applied in accordance with applicable law and regulations. In my opinion, each given in the plan and reasonable expectations) and such other assumption was applied in accordance with applicable law and regulations. In my opinion, each given is expected in this schedule assumption was applied in accordance with applicable law and regulations. In my opinion, each given is expected in this schedule assumption was applied in accordance with applicable law and regulations. In my opinion, each given is expected in the plan and reasonable expectations) and such other assumptions, in combination of the plan and reasonable expectations) and such other assumptions, in combination of the plan and reasonable expectations) and such other assumptions, in combination in my opinion, each given in the plan and reasonable expectations) and such other assumptions, in combination of the plan and reasonable expectations) and such other assumptions, in combination of the plan and reasonable expectations) and such other assumptions, in combination of the plan and reasonable expectations) and such other assumptions, in combination of the plan and reasonable expectations, in my opinion and reasonable					<u> </u>	
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 it 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 NEIL NEUBARTH, FSA, MSPA, MAAA, EA 1703005 Type or print name of actuary Most recent enrollment number GOLD COAST PENSION CONSULTANTS 954-491-1264 Firm name Telephone number (including area code) P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm				<u> </u>		
SIGN HERE Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Firm name Firm name Telephone number (including area code) P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm	To the heat of my included the information complied in this echadule and ac	companying schedules, statements a	nd attachments, if any, is complete	and accura	ate. Each prescribed	assumption was applied in
##RE Signature of actuary Date NEIL NEUBARTH, FSA, MSPA, MAAA, EA 1703005 Type or print name of actuary Most recent enrollment number gold Coast Pension Consultants 954-491-1264 Firm name Telephone number (including area code) P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm	combination, offer my best estimate of anticipated experience under the plan.	Jampan (all and a second secon				
Signature of actuary NEIL NEUBARTH, FSA, MSPA, MAAA, EA Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Firm name Telephone number (including area code) P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm	SIGN					
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Type or print name of actuary GOLD COAST PENSION CONSULTANTS Firm name Firm name Telephone number (including area code) P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm						
GOLD COAST PENSION CONSULTANTS Firm name P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm						· · · · · · · · · · · · · · · · · · ·
Firm name Telephone number (including area code) P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm		iry 				
P.O. BOX 70636 FORT LAUDERDALE FL 33307-0636 Address of the firm			Te			
FORT LAUDERDALE FL 33307-0636 Address of the firm					The second secon	
Address of the firm						
			Andrews - Land			
		mulaated under the statute i	n completing this schedul	e check	the box and see	<u> П</u>

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Part II	Beginn	ning of Year C	arryove	r and Prefunding Bal	ances						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						(a) Ca	arryover balance		(b) Pr	efundin	g balance
				ole adjustments (line 13 from	1			o			0
			•	ding requirement (line 35 fror				0			0
9 Amo	ount remaining	(line 7 minus line l	3)	,,				0		<u></u>	0
10 Inter	rest on line 9 us	sing prior year's ac	tual return	of <u>6.39</u> %				0		-	0
11 Prio	r year's excess	contributions to b	e added to	prefunding balance:							
a Pi	resent value of	excess contributio	ns (line 38	a from prior year)	*******						1,984
b(1	Interest on the Schedule SB,	e excess, if any, o using prior year's	of line 38a o effective i	over line 38b from prior year nterest rate of5.91%							117
b(2	•	•		ule SB, using prior year's ac	tual						0
C To				to add to prefunding balance.							2,101
d₽	ortion of (c) to b	pe added to prefur	nding balar	nce							0
12 Oth	er reductions in	balances due to	elections o	r deemed elections	**********	44.555.4		0			0
13 Bala	ance at beginning	ng of current year	(line 9 + lin	ne 10 + line 11d - line 12)			44	0			0
Part	III Fund	ling Percenta	aes								
<u> Daniel de la compansión de la compansi</u>	MANGE SOUR									14	98.44%
				***************						15	98.44%
16 Prio	or year's funding	percentage for p	urposes of	determining whether carryo	ver/prefun	iding balance	s may be used to re			16	98.97%
			.,	ess than 70 percent of the fu		i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-	······································			17	%
Part	IV Cont	ributions and	Liquidit	ly Shortfalls	**************************************				anne de la compresión		
	100 100 100 100 100 100 100 100 100 100			r by employer(s) and employ	ees.	<u> </u>					
) Date	(b) Amount pa		(c) Amount paid by		Date	(b) Amount paid	by	(c)	Amou	nt paid by
	D-YYYY)	employer(s		employees	(MM-DI	D-YYYY)	employer(s)			emplo	oyees
	0/2018	···	0,000	0						·····	
08/2	9/2018		21,577	0				***			
-		. 1								 	
											
					 	.,					
							:				
						- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
	-									<u>. 1 </u>	
							<u> </u>				

					Totals ▶	18(b)	147	,577	18(c)		0
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	المتحدد المتحدد	**************************************				···
19 Disc	counted employ	er contributions -	see instru	ctions for small plan with a v	aluation c	late after the	ļ		<u> </u>		·
ac	Contributions all	ocated toward un	paid minim	um required contributions fro	om prior y	ears		a .			0
b 0	Contributions ma	ade to avoid restri	ctions adju	sted to valuation date		*****	19	b	·		0
c	Contributions allo	cated toward minir	mum require	ed contribution for current year	r adjusted	to valuation d	ate 19)c			125,463
	•	ions and liquidity									
				prior year?					*****	X	Yes No
b I	fline 20a is "Ye	es," were required	quarterly in	nstallments for the current ye	ar made	in a timely ma	anner?		***********		Yes X No
C I	f line 20a is "Ye	s," see instruction	s and com	plete the following table as a	pplicable	•					
				Liquidity shortfall as of end	of quarter						
	(1) 1st			(2) 2nd	 	(3)	3rd			(4) 4th	<u> </u>

P	art V Assumptions Used to Determine Funding Target and Targ	jet Normal Cost				
21	Discount rate:	• • • • • • • • • • • • • • • • • • •				
	a Segment rates: 1st segment: 2nd segment: 4.16 % 5.72 %	3rd segment: 6.48%		∏N/A,	full yield cun	ve used
	b Applicable month (enter code)		21b	· · · · · · · · · · · · · · · · · · ·		0
22	Weighted average retirement age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22			65
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed	cribed - separate	Substitu	ıte		
Pa	art VI Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current p attachment.					s 🛛 No
25	Has a method change been made for the current plan year? If "Yes," see instructions r	egarding required attact	nment		Ye	s 🛛 No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instruction	ons regarding required a	attachmen	t		s 🛛 No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructi		27			
P	art VII Reconciliation of Unpaid Minimum Required Contribution	s For Prior Years				
28			28			0
29	Discounted employer contributions allocated toward unpaid minimum required contributions 19a)	tions from prior years	29			0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		. 30			0
P:	art VIII Minimum Required Contribution For Current Year					
31	**************************************					
	a Target normal cost (line 6)		31a			109,960
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b Excess assets, if applicable, but not greater than line 31a		31b			0
32	Amortization installments:	Outstanding Bala	ance		Installment	
-	a Net shortfall amortization installment		16,977			2,970
	b Waiver amortization installment	• • • • • • • • • • • • • • • • • • •	0		la, mayaya - madamana La da	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter grant (Month Day) and the waived amount		33			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			112,930
	Carryover balance	Prefunding bala	nce		Total balanc	e
35			Ó			0
36	Additional cash requirement (line 34 minus line 35)	**************	. 36			112,930
37		to valuation date (line	37			125,463
38	Present value of excess contributions for current year (see instructions)					
	a Total (excess, if any, of line 37 over line 36)	********************************	. 38a			12,533
	b Portion included in line 38a attributable to use of prefunding and funding standard ca		. 38b			. 0
39		Association of the Control of the Co	. 39			0
40			40			. 0
250990000	art IX Pension Funding Relief Under Pension Relief Act of 201		s)			
22000000000	If an election was made to use PRA 2010 funding relief for this plan:					
	a Schedule elected	************		2 plus 7 y	/ears 1	5 years
	b Eligible plan year(s) for which the election in line 41a was made		72	008 200	9 72010	2011
42	Amount of acceleration adjustment		. 42		<u> </u>	
			42	1		
43	Excess installment acceleration amount to be carried over to future plan years	****************	43			

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 01/01/2017 through 12/31/2017

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

Schedule SB, line 19 - Discounted Employer Contributions

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

65-0258504 / 002

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

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	08/10/2018	\$120,000					
Applied to MRC	01/01/2017	18,364	16,795	0	0	5.72	0
Applied to Quarterly Contribution	04/15/2017	25,409	21,863	0	25,409	5.72	10.72
Applied to Quarterly Contribution	07/15/2017	25,409	22,116	0	25,409	5.72	10.72
Applied to Quarterly Contribution	10/15/2017	25,409	22,375	0	25,409	5.72	10.72
Applied to Quarterly Contribution	01/15/2018	25,409	22,637	0	25,409	5.72	10.72
Deposited Contribution	08/29/2018	\$21,577					
Applied to Additional Contribution	01/01/2017	13,743	12,533	0	0	5.72	0
Applied to MRC	01/01/2017	7,834	7,144	0	0	5.72	0
Totals for Deposited Contribution		\$141,577	\$125,463	\$0	\$101,636		

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 01/01/2017 through 12/31/2017

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 - 12/31/2017 Valuation - 01/01/2017

Top Heavy Years - 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

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

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 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

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

01/01/2007

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

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

Top Heavy Minimum: Provided in another plan

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

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

Normal Form: Life Annuity
Optional Forms: Lump Sum

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 01/01/2017 through 12/31/2017

Vesting Schedule:	Years 0-1	Percent 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

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.04
Segment 2	6 - 20	4.03
Segment 3	> 20	4.82

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

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - 17E - 2017 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 01/01/2017 through 12/31/2017

	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	8,323	6	1,549
	01/01/2017	8,654	Shortfall	8,654	7	1,421
Totals:				\$16.977		\$2.970