Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service

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

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

A This return/report is for: a single-employer plan a multiple-employer plan foot multiemployer) (Filers checking this box must attach a list of participant plan and return/report and single-employer plan and return/report and anomaly attach a list of participant plan a foreign plan a manded return/report a short plan year return/report (jess than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC program papelal extension (enter description)	Part I	Annual Report	Identification Information	1									
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC program	For calenda	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018					
B This return/report is	A This retu	urn/report is for:	X a single-employer plan					-					
In the Institution of Part (Part III) The Institution of Part III Basic Plan Information Institution Ins			a one-participant plan						,				
C Check box if filing under:	B This retu	rn/report is	the first return/report	the	e final return/report								
Part II Basic Plan Information—enter all requested information 1a Name of plan RRN ANESTHESIA PLLC DEFINED BENEFIT PLAN 1c Effective date of plan (PN) 001 2a Plan sponsor's name (employer, if for a single-amployer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Employer Identification Number (EIN) 47-2266439 2c Sponsor's telephone number 917-681-4863 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4d If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report. 3c Sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN EIN 4d PN EIN 4d PN EIN			an amended return/report	a s	short plan year return	/report (less than 12 m	onths))					
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SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE													
SIGN Filed with authorized/valid electronic signature. 06/18/2019 LEONID ROSIN	SB or Sche	dule MB completed a	nd signed by an enrolled actuary,										
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF	SIGN				06/18/2019	LEONID ROSIN							
HERE	HERE	Signature of plan a	administrator		Date	Enter name of individ	idual signing as plan administrator						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor													
	HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual siç	ning as employe	er or plan sponsor				

Form 5500-SF (2018) Page **2**

b	 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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 										
	If "Yes" is checked, enter the My PAA confirmation number from th		- :				·	lo ☐ Not deter (See instruc			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Year	,		(b) E	nd of Year			
а	Total plan assets	7a	48	84465				952370			
b	Total plan liabilities	7b									
c	Net plan assets (subtract line 7b from line 7a)	48	84465				952370				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	59	94644							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-8	83325							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						511319			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	43414							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						43414			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						467905			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the	instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	les in the ir	nstructions:			
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 contribu 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.)	•		10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
f	f Has the plan failed to provide any benefit when due under the plan?					X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		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 Sche (Form 5500) and line 11a below)		B 	X Yes	s 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 Code or section ERISA?			Ye	s X No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a 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 lett 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?		Yes	No	N/A			
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2018

	To Donott Guaranty Corporation	File as an att	tachment to Form	5500 or 5	5500-SF.				
For calend	ar plan year 2018 or fiscal pla	n year beginning 01/01/20	018		and ending	12/3	31/2018		
	off amounts to nearest doll								
_		assessed for late filing of this re	eport unless reasor	nable caus	se is established				_
A Name of	f plan IESTHESIA PLLC DEFINED I	DENIEUT DI ANI			B Three-dig				
KON AN	NESTITESIA FLEC DEFINED I	DENEFIT FLAN			plan numl	ber (PN)) •	001	_
C Plan spo	onsor's name as shown on line	e 2a of Form 5500 or 5500-SF			D Employer I	dentifica	ation Number (E	EIN)	
R&N AN	NESTHESIA					47-226	66439		
Ε Type of μ	olan: X Single Multiple-	A Multiple-B	F Prior year pla	an size: 🛚	100 or fewer	101-	500 More th	an 500	
Part I	Basic Information								
1 Enter	the valuation date:	Month Day3	31 Year <u>20</u>	018					
2 Asset	s:								
a Mai	rket value					2a		495148	
b Act	uarial value					2b		495148	
3 Fundi	ing target/participant count bre	eakdown		` '	Number of	(2) Ves	(3) Total Funding		
a For	a For retired participants and beneficiaries receiving payment						Target 0	Target	0
	• •	• • •			0		0		0
	· ·	's			2		580809	58080	-
_				-					
		the hey and complete lines (a)		· 	2		580809	58080	19
		the box and complete lines (a)		_	_	4-			
_	0 0 0.	cribed at-risk assumptions				4a			
		ssumptions, but disregarding tr consecutive years and disregard				4b			
-		, ,				5		6.04 %	,
6 Targe	et normal cost					6		290404	
To the bes		plied in this schedule and accompanying on my opinion, each other assumption is release.							
SIGN HERE							05/21/201	9	
		gnature of actuary					Date		
MICHAE	L FRANK				_		17-02440	·	_
	,,	or print name of actuary				Most r	ecent enrollme		
INTEGRA	ATED PENSION DESIGN, INC						631-261-65		
81 LARK EAST NO	FIELD ROAD, SUITE 101 DRTHPORT, NY 11731	Firm name Address of the firm			Tel -	ephone	number (includ	ing area code)	
	,	MALOUD OF LITE HITTI							

<u>instruct</u>ions

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

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances							
	•							(a) C	arryover ba	lance	(b)	Prefund	ling balance
7		•	•		able adjustments (line 13 fro					0			0
8			•	-	nding requirement (line 35 fr	•				0			0
9	Amount r	emaining	g (line 7 minus line	8)						0			0
10	Interest c	n line 9 ເ	using prior year's	actual retur	rn of <u>1.95</u> %					0			0
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
	a Presen	it value o	f excess contribut	ions (line 3	88a from prior year)								104704
					over line 38b from prior year interest rate of 6.20%								0
				-	dule SB, using prior year's a								
					r to add to prefunding balance								104704
40	d Portion of (c) to be added to prefunding balance												0
					or deemed elections					0			0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)										0			
	Part III Funding Percentages												
	4 Funding target attainment percentage							. 14	85.25%				
15 Adjusted funding target attainment percentage								. 15	109.27%				
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	111.69%					
								17	%				
	art IV		tributions an		•								
18					ar by employer(s) and emplo	-							
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Date (b) Amount employe				′	unt paid by Joyees	
0	8/29/2018	}		160000	0								•
0	1/14/2019)		172000	0								
0	9/19/2018	}		120000	0								
						Totals >		18(b)		450)00 18(c	.	
10	Discount	ad ample	vor contributions	ann innte	uations for small plan with a				hoginning o	452	10(0	<u>' </u>	0
19		•	•		uctions for small plan with a num required contributions for				•				0
				•	usted to valuation date								0 0
				•	red contribution for current year								456836
20			tions and liquidity		rea continuation for carrent year	ar dajastea	to van	action a	ato				430030
_5	-				e prior year?								Yes X No
	b If line 2	20a is "Y	es," were required	l quarterly i	installments for the current y	ear made	in a tiı	mely ma	anner?				Yes No
	C If line 2	20a is "Ye	es," see instructio	ns and com	nplete the following table as	applicable	:						
		(4)			Liquidity shortfall as of end	of quarte	r of th		· .			(4)	
		(1) 1st	[(2) 2nd			(3)	3rd			(4) 4	<u>in</u>

F	Part V Assumptions Used to Determin	e Funding Target and Targ	et Normal Cost								
21	Discount rate:										
	a Segment rates: 1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used						
	b Applicable month (enter code)			21b	0						
22	Weighted average retirement age			22	62						
23	Mortality table(s) (see instructions) Prior regulation	on: Prescribed - comb	ined Prescribed	l - separat	te Substitute						
	Current regul		<u> </u>								
		ation. A rescribed comb	Trescribed	- Зорага	Gubstitute						
Pa	art VI Miscellaneous Items										
24	Has a change been made in the non-prescribed actuattachment		-								
25	Has a method change been made for the current pla	an year? If "Yes," see instructions re	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	If the plan is subject to alternative funding rules, enter	er applicable code and see instruction	ons regarding	27							
В	attachment		o For Drier Veere	_,							
	art VII Reconciliation of Unpaid Minim Unpaid minimum required contributions for all prior y	•		28	0						
29	Discounted employer contributions allocated toward										
	(line 19a)		29	0							
30	Remaining amount of unpaid minimum required cont	tributions (line 28 minus line 29)		30	0						
Pa	art VIII Minimum Required Contribution	n For Current Year									
31	Target normal cost and excess assets (see instruction	ons):									
	a Target normal cost (line 6)			31a	290404						
	b Excess assets, if applicable, but not greater than li	ine 31a		31b	0						
32	Amortization installments:		Outstanding Bala	nce	Installment						
	a Net shortfall amortization installment			85661	13984						
	b Waiver amortization installment			0	0						
33	If a waiver has been approved for this plan year, enter (Month Day Year	er the date of the ruling letter granti) and the waived amount		33							
34	Total funding requirement before reflecting carryover	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	304388						
		Carryover balance	Prefunding balan	ice	Total balance						
35	Balances elected for use to offset funding requirement	0		0	0						
36	Additional cash requirement (line 34 minus line 35)			36	304388						
37	Contributions allocated toward minimum required co		,	37	456836						
38	Present value of excess contributions for current year	ar (see instructions)									
	a Total (excess, if any, of line 37 over line 36)			38a	152448						
	b Portion included in line 38a attributable to use of p	orefunding and funding standard car	ryover balances	38b	0						
39	Unpaid minimum required contribution for current year	ne 37)	39	0							
40	Unpaid minimum required contributions for all years			40	0						
Pa	rt IX Pension Funding Relief Under	Pension Relief Act of 2010	(See Instructions)	-						
41	If an election was made to use PRA 2010 funding rel	lief for this plan:									
	a Schedule elected	·		Г	2 plus 7 years 15 years						
	b Eligible plan year(s) for which the election in line 4				<u> </u>						
				, ,							

Schedule SB, line 32 - Schedule of Amortization Bases

R&N Anesthesia, PLLC Defined Benefit Plan 47-2266439 / 001 For the plan year 01/01/2018 through 12/31/2018

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2018	85,661	Shortfall	85,661	7	13,984
Totals:				\$85,661		\$13,984

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 2018

OMB No. 1210-0110

This Form is Open to Public Inspection Internal Revenue Code (the Code).

			▶ File as an attachme		5500-SF.				
For	calendar	plan year 2018 or fiscal p	an year beginning 01/01	/2018	and ending	12/31/20	18		
Þ١	Round off	amounts to nearest do	llar.						
• (Caution: /	A penalty of \$1,000 will be	assessed for late filing of this report	unless reasonable car					
A۱	lame of pl	an			B Three-digit				
R&N	Anesth	nesia PLLC Define	d Benefit Plan		plan number	(PN) ▶		001	
C F	lan spons	or's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer Ident	ification Num	ber (EIN)	,	
R&N	Anestl	nesia			47	2266439	•		
ΕŢ	ype of pla	n:XSingle Multiple	e-A Multiple-B	Prior year plan size:	X 100 or fewer 1	01-500	More tha	ın 500	
Pi	art I E	Basic Information							
1	Enter the	e valuation date:	Month <u>12</u> Day <u>31</u>	Year <u>2018</u>					
2	Assets:				_				
	a Marke	t value			2a		495,148		
	b Actuar	ial value				2b		495,148	
3	Funding	ng target/participant count breakdown: (1) Number of participants (2) Vested Funding participants					(3) Total Funding Target		
	a For re-	tired narticinants and hen	eficiaries receiving payment	0		0		0	
	_	minated vested participal	0		0		0		
		•		.2		580,809	43	580,809	
	_			2		580,809		580,809	
4			ck the box and complete lines (a) and	(b)					
	-		scribed at-risk assumptions		_	4a			
	b Fundi	ng target reflecting at-risk	assumptions, but disregarding transitive consecutive years and disregardin	ion rule for plans that	have been in	4b			
5						5		6.04 %	
6	Target n	ormal cost				6		290,404	
To acc	the best of mordance with	Enrolled Actuary y knowledge, the information supplicable law and regulations. Ir er my best estimate of anticipated	olied in this schedule and accompanying schedule: my opinion, each other assumption is reasonable experience under the plan.	s, statements and attachmen the (taking into account the exp	its, if any, is complete and a erience of the plan and rea	accurate. Each pr sonable expectat	esribed assu ions) and sud	umption was applied in ch other assumptions, in	
	IGN ERE		Michael Frank			05/21	/2019		
			Signature of actuary				ate		
		Michael Frank				17-02	440		
		Туре	or print name of actuary		N	lost recent er	roliment i	number	
		Integrated Pens	ion Design, Inc.			(631) 2	61-6565	5	
			Firm name		Telep	hone numbe	r (includin	ng area code) _.	
		81 Larkfield Ro	ad, Suite 101						
	US	East Northport	NY 11731		_				
	,		Address of the firm						
	actuary f	nas not fully reflected any	regulation or ruling promulgated unde	er the statute in compl	eting this schedule,	check the bo	x and see		

	Sch	edule SB (Form 5500) 2018		Page 2	2						
Dэ	rt II	Beginning of Year Carryov	or and Profunding Rai	ancos							
Га	I C II	beginning of Teal Carryov	er and Fredunding Bar	ances	(a) (Carryover balance		(b) P	refund	ing balance	
7		at beginning of prior year after appli			,	,)	. ,			0
8		lected for use to offset prior year's f	• • •			(0
9		emaining (line 7 minus line 8)			. 0						0
10	Interest of	on line 9 using prior year's actual ret	urn of1.95%			()				0
11	1 Prior year's excess contributions to be added to prefunding balance:										
	a Present value of excess contributions (line 38a from prior year)									104,	704
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.20 %										
									0		
		erest on line 38b from prior year Scurn								0	
	C Total	available at beginning of current pla	alance .						104,	704	
	d Portion of (c) to be added to prefunding balance										0
12		ductions in balances due to election			(,				0	
		at beginning of current year (line 9 -				(,				0
Pa	rt III	Funding Percentages									
14	Funding	target attainment percentage	•••••		•••••	• • • • • • • • • • • • • • • • • • • •	•••••		14	85.25	%
15	Adjusted	funding target attainment percentage	ge		•••••	•••••			15	109.27	%
	Prior yea	r's funding percentage for purposes ear's funding requirement	of determining whether carry	over/prefu	nding balaı	nces may be used to red	luce		16	111.69	%
17	If the cur	rent value of the assets of the plan	is less than 70 percent of the	funding tar	get, enter s	such percentage	•••••	••••	17		%
Pa	rt IV	Contributions and Liquic	lity Shortfalls								
18	Contribut	ions made to the plan for the plan y	rear by employer(s) and employer	oyees:							
(M	(a) Date M-DD-YY	(b) Amount paid by employer(s)	(c) Amount paid by employees) Date D-YYYY)	(b) Amount paid employer(s)	by	(ount paid by loyees	
08/	29/201	160,000		09/19	/2018	120	,000				
01/	14/201	9 172,000									
				1							
								<u> </u>			
				Totals	▶ 18(b)	452	,000	18(c)			0
19		ed employer contributions see ins									
	a Contri	outions allocated toward unpaid mir	nimum required contributions t	from prior	years	19a	1				0
						1 401					^

									1	
					Totals ►	18(b)		452,000	18(c)	0
19	9 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:									_
	a Contributions allocated toward unpaid minimum required contributions from prior years								0	
	b Contributions made to avoid restrictions adjusted to valuation date									0
	C Contribution	ons allocated toward mi	inimum	equired contribution for curren	t year adjust	ed to va	luation date	19c		456,836
20	Quarterly cor	ntributions and liquidity	shortfall	s:						
	a Did the plan have a "funding shortfall" for the prior year?									Yes X No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									
	C If line 20a is "Yes," see instructions and complete the following table as applicable:									
	Liquidity shortfall as of end of quarter of this plan year									
(1) 1st (2) 2nd (3) 3rd (4) 4								4th		
		<u>.</u>						•		

Da	wt V Assumentia	ana Haad Ta Datarmin	. F din a Touast and Toua	est Normal Coat			
21	Discount rate:	ons used to Determine	e Funding Target and Targ	jet Normai Cost			
21	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment:	, 0	N/A, full yield curve used	
	b Applicable month	(enter code)		21b	0		
22	Weighted average re	etirement age			22	62	
23	Mortality table(s) (see	e instructions) Prior regu Current re		_	bed - sepa bed - sepa	_	
Pa	rt VI Miscellane	eous items					
24	Has a change been r	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required	
	attachment					· · · · · · · · · · · Yes 🗓 No	
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No	
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachmen	t Yes X No	
27		•	ter applicable code and see instruc		27		
_							
		•	um Required Contribution			Ι .	
			years		28	0	
29	, ,		d unpaid minimum required contrib		29	C	
30			ntributions (line 28 minus line 29)		30	0	
		Required Contribution			•		
31		nd excess assets (see instruct					
	-	•	• • • • • • • • • • • • • • • • • • • •		31a	290,404	
			line 31a		31b	0	
32	Amortization installm	· ·		Outstanding Bala		Installment	
					85,661	13,984	
	b Waiver amortizatio	n installment			0	0	
33			nter the date of the ruling letter gran) and the waived amount .		33		
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	304,388	
	<u> </u>	<u> </u>	Carryover balance	Prefunding Bala	ance	Total balance	
35	Balances elected for requirement	use to offset funding	0		0	C	
36	Additional cash requi	irement (line 34 minus line 35)			36	304,388	
	Contributions allocate (line 19c)	37	456,836				
38	Present value of exc	ess contributions for current ye	ear (see instructions)		•		
	a Total (excess, if an	y, of line 37 over line 36)			38a	152,448	
	b Portion included in	38b	0				
39	Unpaid minimum req	39	C				
40	Unpaid minimum req	uired contributions for all year	s		40	C	
Pai	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions	s)		
41	If an election was made	de to use PRA 2010 funding re	elief for this plan:				
		<u>_</u>				2 plus 7 years 15 years	
			41a was made				

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

R&N Anesthesia, PLLC Defined Benefit Plan 47-2266439 / 001 For the plan year 01/01/2018 through 12/31/2018

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

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

R&N Anesthesia, PLLC Defined Benefit Plan 47-2266439 / 001

For the plan year 01/01/2018 through 12/31/2018

R&N Anesthesia PLLC **Employer:**

> Limited Liability Company (LLC) Type of Entity -

> > EIN: 47-2266439 Plan #: 001 Plan Type: Defined Benefit

Effective - 01/01/2016 Year end - 12/31/2018 Valuation - 12/31/2018 Dates:

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

> Months of service - 12 Minimum age - 21

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. However, those employed

on 01/01/2016 enter on 01/01/2016

Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation Retirement:

Early - Not provided

Highest 3 consecutive years of participation **Average Compensation:**

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

Retirement - Derived from the unit credit benefit formula below: Plan Benefits:

10% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

Top Heavy Minimum: None

Optional Forms:

415 Limits -Percent: 100 **IRS Limitations:** Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

Life Annuity **Normal Form:** Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

100% Vested immediately **Vesting Schedule:**

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

R&N Anesthesia, PLLC Defined Benefit Plan 47-2266439 / 001

For the plan year 01/01/2018 through 12/31/2018

<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	1.93
Segment 2	6 - 20	3.57
Segment 3	> 20	4.36

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

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

R&N Anesthesia, PLLC Defined Benefit Plan 47-2266439 / 001

For the plan year 01/01/2018 through 12/31/2018

12/31/2018 Valuation Date:

As prescribed in IRC Section 430 **Funding Method:**

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

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 % 0 - 5

Segment 1 2.43 Segment 2 6 - 20 3.89 Segment 3 > 20 4.49

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) -Segment # Year Rate % Segment 1 0 - 5 3.92 Segment 2 6 - 20 5.52 Segment 3 > 20 6.29

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 -18C - 2018 Combined

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5.5%

18E - 2018 Applicable Mortality Table for 417(e) (unisex)

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

Schedule SB, line 26 - Schedule of Active Participant Data

R&N Anesthesia, PLLC Defined Benefit Plan 47-2266439/001

For the plan year 01/01/2018 through 12/31/2018

Years of Credited Service

Attained		1 to 4	5 to 9	10 to 14	15 to 19	20 to 24		30 to 34		40 & up
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under										
25										
25 to 29										
30 to 34										
35 to 39										
40 to 44		1								
45 to 49										
50 to 54										
55 to 59		1								
60 to 64										
65 to 69										
70 & up										