### **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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018					
A This re	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
		a one-participant plan	a foreign plan		,						
<b>B</b> This ret	urn/report is	the first return/report	X the final return	/report							
		an amended return/report	a short plan ye	ear return/rep	port (less than 12 m	onths)					
<b>C</b> Check	box if filing under:	Form 5558	automatic ext	ension		DFVC pr	ogram				
		special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name						<b>1b</b> Three	-digit				
	LOGY ARTS CASH BA	ALANCE PLAN					number	001			
						1c Effect		f plan 1/2014			
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)				<b>2b</b> Emplo	yer Identif	fication Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		coo inetructi	one)	(EIN)		388499			
•	OGY ARTS, PLLC	e, country, and zir or foreign post	tai code (ii loreign,	see msnucm	ons)	2c Spons	sor's telep	hone number			
						2d Busine		see instructions)			
P.O. BOX 95							6211	•			
MERCER IS	LAND, WA 98040						0211				
0:		🗖				01		<u></u>			
<b>3a</b> Plan a	administrator's name a	nd address X Same as Plan Spor	nsor.			<b>3b</b> Admir	nistrator's l	±IN			
						<b>3c</b> Administrator's telephone number					
4 If the	name and/or FINI of th	a plan anangar ar the plan name h	as shanged since t	ha laat ratur	a/rapart filed for	4h FINI					
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b EIN					
•	sor's name					4d PN					
C Plan N	Name										
<b>5a</b> Total	number of participants	s at the beginning of the plan year.				5a		8			
<b>b</b> Total	number of participants	s at the end of the plan year				5b		0			
		account balances as of the end of			•	5c					
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	lan year			5d(1)		8			
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan ye	ar			5d(2)		0			
	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							3			
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be as	sessed unle	ess reasonable car	use is estab	lished.				
Under pen	alties of perjury and ot	ther penalties set forth in the instruence ind signed by an enrolled actuary, a	ctions, I declare tha	at I have exa	mined this return/re	port, includin	ng, if applic				
SIGN		d/valid electronic signature.	07/11/2019	SA	AMIR MASTER, MD						
HERE	Signature of plan a	administrator	Date	E	Enter name of individual signing as plan administrator						
SIGN											
HERE	Signature of emplo	oyer/plan sponsor	Date	E	nter name of individ	ual signing a	s employe	r or plan sponsor			

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

	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes XN		etermined tructions.)	
Pa	rt III Financial Information	1	r							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year		
<u>a</u>	Total plan assets	7a	5	63571					0	
b	Total plan liabilities	7b		0					0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	5	63571					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(k	o) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		84122						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-	54638						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2948	4	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	93055						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						59305	5	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)					-56357	1			
	j Transfers to (from) the plan (see instructions)									
Pa	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 1A 1C 1I	feature co	odes from the List of Pl	an Cha	racteri	stic C	odes in the i	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the in	structions:		
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.)	t? (Do not	include transactions	10b		X				
c	Was the plan covered by a fidelity bond?			10c	X			5	7000	
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 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 pla	n?		10f		Χ				
g		10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

age <b>3</b> -	1
	ige <b>3-</b>

Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)			В	X Y	es 🗌 No				
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	e or section	n 302 of		. 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 instruction granting the waiver.		d enter t Day		of the letter Year _	ruling				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year		12b							
С	Enter the amount contributed by the employer to the plan for this plan year		12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	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?			X Yes	. No	)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				X Yes	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	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).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning	01/01/201	8		and endin	g 12/	31/201	8	
•	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.									
	Name of plan	В	Three-dig	git					
	DERMATOLOGY ARTS CASH BALANCE PLAN				plan num	ber (PN	1)	•	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 55	00-SF		D	Employer	Identific	ation N	Number (E	IN)
	DERMATOLOGY ARTS, PLLC				, ,		88499	,	,
E	Type of plan: X Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size:	<b>1</b> (	00 or fewer	101	-500	More th	an 500
F	Part I Basic Information	•	_						
1	Enter the valuation date: Month	Day <u>26</u>	Year 2018						
2	Assets:								
	a Market value					. 2a			538793
	<b>b</b> Actuarial value					2b			538793
3	Funding target/participant count breakdown		` '		nber of pants		sted F Target	unding t	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payme	ent			0			0	0
	<b>b</b> For terminated vested participants				1			1318	1318
	C For active participants				5			625513	625513
	<b>d</b> Total				6			626831	626831
4	If the plan is in at-risk status, check the box and complete I	ines (a) a	nd (b)		•			•	
	a Funding target disregarding prescribed at-risk assumptio	ns				4a			
	<b>b</b> Funding target reflecting at-risk assumptions, but disrega at-risk status for fewer than five consecutive years and d	rding trar	nsition rule for plans that h	ave	been in	4h			
5	Effective interest rate					5			5.53%
6	Target normal cost					6			72154
Sta	atement by Enrolled Actuary					·			
	To the best of my knowledge, the information supplied in this schedule and accor accordance with applicable law and regulations. In my opinion, each other assum combination, offer my best estimate of anticipated experience under the plan.								
	SIGN								
	HERE			_			(	05/20/201	9
	Signature of actuary							Date	
	LAWRENCE S. BUTCHER			_	-			17-05843	
	Type or print name of actuary					Most		enrollmer	
	NEWPORT GROUP, INC.			_		lankan.		12-488-67	
	Firm name 135 S. LASALLE STREET				Te	iepnone	numb	er (includi	ing area code)
	SUITE 1900 CHICAGO, IL 60603-4185								
	·			_					
	Address of the firm								
	e actuary has not fully reflected any regulation or ruling promu	lgated un	nder the statute in complet	ing t	this schedule	e, check	the bo	ox and see	

Schedule SB (Form 5500) 2018	Page <b>2 -</b> [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances							_
	•			-				<b>(a)</b> C	arryover balan	се	(b) F	Prefundin	g balance
7		•	•		able adjustments (line 13 fro	•				0			828
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)								0				
9	9 Amount remaining (line 7 minus line 8)								828				
10 Interest on line 9 using prior year's actual return of 25.55 %										212			
11 Prior year's excess contributions to be added to prefunding balance:													
	<b>a</b> Presen	t value o	f excess contribut	ions (line 3	88a from prior year)								75
<b>b(1)</b> 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												0	
				-	dule SB, using prior year's								
	C Total av	vailable a	t beginning of curre	ent plan yea	r to add to prefunding baland	e							75
	<b>d</b> Portion	of (c) to	be added to prefu	unding bala	ance								0
12	Other rec	luctions i	n balances due to	elections	or deemed elections								
13	Balance a	at beginn	ing of current yea	r (line 9 + I	ine 10 + line 11d – line 12).					0			1040
Р	art III	Fun	ding Percenta	ages							•		
14 Funding target attainment percentages									14	85.78%			
												15	88.94%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							e current	16	111.69%				
17	_				less than 70 percent of the							17	%
	art IV		tributions an	•	_ <b></b>								
18					ar by employer(s) and empl						<u> </u>		
(1)	(a) Date MM-DD-YY	e YYY)	(b) Amount p employer		(c) Amount paid by employees	(a (MM-I	Date  DD-Y		(b) Amoun employ		(0	Amour (: emplo	nt paid by eyees
	1/02/2018			84122	0				-				
												1	
						Totals	<b>&gt;</b>	18(b)		841	22 18(c)		0
19					uctions for small plan with a				_				
					num required contributions					19a			0
b Contributions made to avoid restrictions adjusted to valuation date								0					
20					red contribution for current ye	ar adjusted	to va	iluation d	ate	. 19c			84037
20	-		tions and liquidity ve a "funding sho		e prior year?								Yes X No
	<b>b</b> If line 2	20a is "Y	es," were required	l quarterly i	installments for the current	year made	in a t	imely ma	anner?				Yes No
	C If line 2	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable	e:			j			
					Liquidity shortfall as of en			nis plan y	year	ı			
		(1) 1s	t		(2) 2nd			(3)	3rd			(4) 4th	

	art V	Assumnti	one Head t	o Dotormino	Funding Target and	Target N	ormal Cost				
21	Discount	-	ons oseu i	o betermine	Tuliuling Target and	Targetiv	Office Cost				
21		ent rates:	1st s	egment:	2nd segment:		3rd segment:				
	<b>a</b> cogiii	ont rates.		3.92%	5.52%		6.29 %		N/A, full yield curve used		
	<b>b</b> Applic	able month (er	nter code)					21b	0		
22	Weighte	d average retir	ement age					22	62		
23	Mortality	table(s) (see	instructions)	Prior regulation	r: Prescribed -	combined	Prescribe	d - separa	te Substitute		
				Current regulat	ion: X Prescribed -	combined	Prescribe	d - separa	te Substitute		
Pá	Part VI Miscellaneous Items										
	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 m	ethod change l	been made for	the current plan	year? If "Yes," see instruct	ons regard	ng required attach	nment	Yes X No		
26	Is the pla	an required to p	orovide a Sche	edule of Active Pa	articipants? If "Yes," see ins	tructions re	garding required a	attachmen	ıtYes 🛚 No		
27		•		ding rules, enter	applicable code and see ins	tructions re	garding	27			
P	art VII	Reconcili	ation of Un	paid Minimu	m Required Contribu	tions Fo	r Prior Years				
28	Unpaid r	ninimum requii	red contribution	ns for all prior ye	ars			28	0		
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)							29	0		
30	Remaini	ng amount of u	ınpaid minimui	m required contri	butions (line 28 minus line 2	9)		30	0		
Pa	Part VIII Minimum Required Contribution For Current Year										
31	31 Target normal cost and excess assets (see instructions):										
	<b>a</b> Target	normal cost (li	ne 6)					31a	72154		
	<b>b</b> Exces	s assets, if app	olicable, but no	t greater than lin	e 31a			31b	0		
32	Amortiza	tion installmen	nts:				Outstanding Bala	ince	Installment		
	a Net sh	ortfall amortiza	ation installmer	nt				89125	11883		
								0	0		
33	If a waive (Month _				the date of the ruling letter) and the waived amou			33			
34	Total fun	ding requireme	ent before refle	ecting carryover/p	prefunding balances (lines 3	1a - 31b + 3	32a + 32b - 33)	34	84037		
					Carryover balance		Prefunding balar	nce	Total balance		
35		s elected for us		•					0		
36	Additiona	al cash require	ment (line 34 r	minus line 35)				36	84037		
37				•	ribution for current year adj		,	37	84037		
38	Present	value of exces	s contributions	for current year	(see instructions)						
	<b>a</b> Total (	excess, if any,	of line 37 over	r line 36)				38a	0		
	<b>b</b> Portion	n included in lir	ne 38a attributa	able to use of pre	funding and funding standa	rd carryove	r balances	38b	0		
39	Unpaid r	ninimum requii	red contribution	n for current year	(excess, if any, of line 36 o	ver line 37)		39	0		
40	Unpaid r	ninimum requii	red contribution	ns for all years				40	0		
Pa	rt IX	Pension	Funding R	elief Under P	ension Relief Act of	2010 (Se	e Instructions	s)			
41	If an elec	tion was made	to use PRA 2	010 funding relie	f for this plan:						
	<b>a</b> Sched	ule elected							2 plus 7 years 15 years		
	<b>b</b> Eligible	e plan year(s) f	for which the e	lection in line 41	a was made			\[ \] 20	008		

Short Plan Year Bases Short Plan Year: 1/1/2018 to 10/26/2018 Valuation Date: 10/26/2018

When a plan has a short plan year, the payments for shortfall bases in effect during the short plan year are prorated, and the difference between the full 12-month payment and the prorated short plan year payment is made in the year following the year in which the base was scheduled to be fully amortized.

Valuation Date	Amortization <u>Period</u>	Number of Future <u>Installments</u>	Final Payment <u>Val Date</u>	Short Plan Year <u>Installment</u>	Final Plan Year <u>Installment</u>	Full Plan Year <u>Installment</u>
10/26/2018 Total	7-year	8	10/26/2025	<u>\$11,883</u> \$11,883	\$2,668 \$2,668	\$14,550 \$14,550

### Dermatology Arts Cash Balance Plan Employer ID# 27-3388499: Plan No. 001

Quarterly Installment Payment: \$0.00

### Schedule SB, line 19 - Discounted Employer Contributions

Short Plan Year: 1/1/2018 to 10/26/2018 Valuation Date: 10/26/2018

Rate

5.53%

**Period** 

11-02-2018 to 10-26-2018

Adj Ctb

84,036.84

84,036.84

19c

Totals:	84,122.00	84	,036.84
Discounted employer	contributions see instructions for small plan with a valuation date after the	beginning of the year	
Contributions alloca	ted toward unpaid minimum required contribution from prior years	19a	0.00
Contributions made	to avoid benefit restrictions adjusted to valuation date	19b	0.00

**Year** 

2018

Contributions allocated toward minimum required contribution for current year, adjusted to valuation date

**Date** 

 $11 - \overline{02} - \overline{20}18$ 

19

b

 $\mathbf{c}$ 

**Amount** 

84,122.00

Summary of Actuarial Assumptions and Method Short Plan Year: 1/1/2018 to 10/26/2018 Valuation Date: 10/26/2018

	For Funding	E 415()				
	<u>Min</u> <u>Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.			
Interest Rates	Seg 1: 3.92% 2.50%	Seg 1: 2.20%	Pre-Retirement: 5.00%			
	Seg 2: 5.52% 3.92%	Seg 2: 3.57%	Post-Retirement: 5.00%			
	Seg 3: 6.29% 4.50%	Seg 3: 4.24%				
Applicable Date	12/2018 12/2018	11/2017				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
Assumed Ret Age	Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation			
Post-Retirement						
Mortality	Mortality Male-2018 Default Static Table - Combined Male Female-2018 Default Static Table - Combined Female		2018 Applicable Mortality Table from Notice 2017-60			
Assumed Benefit Form	For Funding	Lump Sum				
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant			
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			
Calculated Effective Inte	erest Rate	5.53%				
Cash Balance Projected	Interest Crediting Rate	5.00% annual rate				
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

## 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).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning	01/0	1/2018		and endin	g	12/31/20	18
Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of	this rep	ort unless reasonable	e cause i	s establishe	d.		
A Name of plan			В	Three-di	git	- 1	
DERMATOLOGY ARTS CASH BALANCE PLAN				plan nun	nber (PN	) •	001
C Di	0.05		D	Cumbaran	l da a titi a	ation Number /	TIAIN
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500	J-5F		ا	Employer	Identific	ation Number (E	inn)
DERMATOLOGY ARTS, PLLC	,	. 1		27-338	8499	16.10	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan siz	ze: 🛛 1	00 or fewer	101-	500 🔲 More th	an 500
Part I Basic Information							
	ay2	26 Year 201	18_				
2 Assets:							
a Market value					. 2a		538,793
<b>b</b> Actuarial value					2b		538,793
3 Funding target/participant count breakdown			(1) Num partici			sted Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving paymen	t			0		0	C
<b>b</b> For terminated vested participants				1		1,318	1,318
C For active participants				5		625,513	625,513
				6		626,831	626,831
d Total			П			1	
4 If the plan is in at-risk status, check the box and complete line			_				
a Funding target disregarding prescribed at-risk assumptions					4a		
b Funding target reflecting at-risk assumptions, but disregard at-risk status for fewer than five consecutive years and disr					4b		
5 Effective interest rate					5		5.53%
6 Target normal cost					6		72,154
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompa accordance with applicable law and regulations. In my opinion, each other assumption combination, offer my best estimate of anticipated experience under the plan.	anying sch on is reas	nedules, statements and atta onable (taking into account t	achments, if the experier	any, is complet ace of the plan a	e and accu nd reasona	rate, Each prescribed ble expectations) and	assumption was applied in I such other assumptions, in
SIGN HERE 5. Both	1	-		_		5/20/19	<del>)</del>
Signature of actuary						Date	
LAWRENCE S. BUTCHER						1705843	
Type or print name of actuary					Most	ecent enrollmer	
NEWPORT GROUP, INC.						312-488-6	756
Firm name				Te	lephone	number (includ	ng area code)
135 S. LASALLE STREET							
SUITE 1900							
CHICAGO IL 60603-4185 Address of the firm							
		double state to to		المعاوم واوا	o ob a al:	the her and co	
If the actuary has not fully reflected any regulation or ruling promulginstructions	ated un	der the statute in con	npieting 1	ms scheaul	e, cneck	the box and see	

Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  Amount remaining (line 7 minus line 8).  O amount remaining (line 7 minus line 8).  O linerest on line 9 using prior year's actual return of _25,55%.  O a 2  1 Pror year's excess contributions to be added to prefunding balance.  B Present value of the seasons, if any, of line 38a over line 38b from prior year's Schedule 58, using prior year's effective interest rate or _5,72%.  b(2) Interest on line 38b from prior year's Schedule 58, using prior year's effective interest rate or _5,72%.  b(2) Interest on line 38b from prior year's Schedule 58, using prior year's effective interest rate or _5,72%.  b(2) Interest on line 38b from prior year's Schedule 58, using prior year's actual return.  C Total available at beginning of current plan pear to add to prefunding balance.  2 Other reductions in balances due to elections or deemed elections.  3 Balance at beginning of current plan pear time 11d = line 12).  O 1,0  PART III Funding Percentages  4 Funding target attainment percentage  5 Adjusted funding larget attainment percentage  6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current.  16 11, 69  PART IV Contributions and Liquidity Shortfalls  Contributions made to the plan for the plan year by employees:  (a) Date (MM-DP-YYYY) (P) (A) Amount paid by (C) Amount paid by employeer(s) employer(s) employer(s) employer(s)  9 Discounted employer contributions = see instructions for small plan with a valuation date after the beginning of the year a Contributions and located toward unpaid minimum required contributions for mprior years.  9 Discounted employer contributions = see instructions for small plan with a valuation date after the beginning of the year a Contributions and accounted toward unpaid minimum required contributions form prior years.  9 Discounted contributions and accounted toward minimum required contributions form prior years.  9 Discoun			Schedule \$	SB (Form 5500) 2	018			Page <b>2 -</b> [						
Balance at beginning of prior year after applicable adjustments (line 13 from prior year)  Portion elected for use to offset prior year's funding requirement (line 35 from prior year's continuous fine 8).  Portion elected for use to offset prior year's funding requirement (line 35 from prior year's continuous new 35 from year's electric year actual return.  Prior year's excess contributions to be added to prefunding balance a Present value of excess contributions (line 35a from prior year's Schedule SB, using prior year's effective interest rate of5.7.2%, b(2) Interest on line 35b from prior year's effective interest rate of5.7.2%, b(2) Interest on line 35b from prior year's effective interest rate of5.7.2%, b(2) Interest on line 35b from prior year's Schedule SB, using prior year's actual return.  Total available at beginning of current plan year to add to prefunding balance.  2 Other reductions in balances due to elections or deemed elections.  3 Balance at beginning of current year (line 9 ± line 10 ± line 110 ± line 12).  Cherrical forms and the properties of the plan is line 15 ± line 12 ± line	Р	art II	Begin	ning of Year	Carryove	r and Prefunding B	Balances							
Petition detected for use to offset prior year's funding requirement (line 35 from prior period peri								(a) Ca	rryover balanc	e	(b) P	refundi	ng balanc	е
year)	7	170000000000000000000000000000000000000	•			•				0				82
0 Interest on laine 9 using prior year's actual return of 25,55%	8	And department of the		·	•	• •				0				
1 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year).    D(1) Interest on the excess, if any, of line 38a over line 38b from prior year's Schedule SB, using prior year's effective interest rate of 5.72%.   D(2) Interest on line 38b from prior year's Schedule SB, using prior year's effective interest rate of 5.72%.   D(2) Interest on line 38b from prior year's Schedule SB, using prior year's actual retairm.   C Total available at beginning of current plan year to add to prefunding balance.   D(1) Interest on line 38b from prior year's actual retairm.   D(2) Interest on line 38b from prior year's actual retairm.   D(3) Interest on line 38b from prior year's actual retairm.   D(4) Interest on line 38b from prior year's actual retairm.   D(5) Interest on line 38b from prior year's actual retairm.   D(6) Interest on line 38b from prior year's actual retairm.   D(8) Interest on line 38b from prior year's actual retairm.   D(8) Interest on line 38b from prior year's actual retairm.   D(8) Interest on line 38b from prior year's actual retairm.   D(8) Interest on line 38b from prior year's line 10-1 line 12b	9	Amoun	t remaining	(line 7 minus line	8)					0				82
a Present value of excess contributions (line 38s from prior year) b(1) Interest on the excess, if any, of line 38s over line 38s from prior year Schedule SB, using prior year seffective interest rate of	10	Interest	t on line 9 u	using prior year's a	ctual return	of <u>25.55</u> %				0				21
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule S8, using prior year's effective interest rate of5.72%	1	Prior ye	ear's exces	s contributions to	be added to	prefunding balance:								
Schedule SB, using prior year's effective interest rate of5.72 %		a Prese	ent value of	f excess contributi	ons (line 38	a from prior year)								7
return														
C Total available at beginning of current plan year to add to prefunding balance.  2 Other reductions in balances due to elections or deemed elections		` '			•				-					
2 Other reductions in balances due to elections or deemed elections.  3 Balance at beginning of current year (line 9 + line 10 + line 110 - line 12)														7
3 Balance at beginning of current year (line 9 + line 10 + line 110 - line 12)		<b>d</b> Porti	on of (c) to	be added to prefu	ınding balan	ice								
Part III Funding Percentages  4 Funding target attainment percentage	2	Other re	eductions is	n balances due to	elections or	deemed elections		lai .						
4 Funding target attainment percentage	13	Balance	e at beginn	ing of current year	r (line 9 + lin	e 10 + line 11d – line 12)				0			1	,04
5 Adjusted funding target attainment percentage	F	Part III	Fund	ding Percenta	ges									
9 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 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) (c) Amount paid by employer(s) employees  (b) Amount paid by employer(s) (mM-DD-YYYY) employer(s) employees  11/02/2018 84,122 0 0 (mM-DD-YYYY) employer(s) employees  11/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  12/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  13/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  14/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  15/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  16/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  17/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  18/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  18/02/2018 84,122 18(c) 9 (mM-DD-YYYY) employer(s) employees  198	14	Funding	g target atta	ainment percentag	je							14	85.	78%
7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												15	88.9	94%
Part IV Contributions and Liquidity Shortfalls  8 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY) employer(s)  8 8 4 , 122	16												111.6	59%
8 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) (c) Amount paid by employees (MM-DP-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DP-YYYY) (mM-DP-YYYY) (b) Amount paid by employees (MM-DP-YYYY) (c) Amount paid by employees (MM-DP-YYYY) (mm)over(s) (c) Amount paid by employees (MM-DP-YYYY) (mm)over(s)	7	If the cu	urrent value	of the assets of t	he plan is le	ess than 70 percent of the	funding targ	jet, enter such	percentage			17		%
(a) Date (MM-DD-YYYY) employer(s) (c) Amount paid by employees (MM-DD-YYYY) employer(s) (c) Amount paid by employer(s) (c) Amount paid b	P	Part IV	Con	tributions and	Liquidit	y Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees  1 / 02 / 2018 84 , 122 0 0	18	Contrib	utions mad	le to the plan for th	ne plan year	by employer(s) and emp	loyees:							
11/02/2018 84,122 0  Totals ► 18(b) 84,122 18(c)  Poliscounted 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.  b Contributions allocated toward unpaid minimum required contributions from prior years.  c Contributions allocated toward minimum required contributions from prior years.  D Countributions and to avoid restrictions adjusted to valuation date	/						, ,				(c)			′
Totals ► 18(b) 84 , 122 18(c)  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	_	100					<del></del>					CG2217 B1C		
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														
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														
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														
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											-			_
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	_						-				-			
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	_													
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	_													
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														
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														
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							-							
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							-				-			_
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				1			Totals >	18(b)		84 122	18(c)			
a Contributions allocated toward unpaid minimum required contributions from prior years	_	Disease			!	stiana far amall plan with			oginning of the		(.,			
b Contributions made to avoid restrictions adjusted to valuation date	J			•					1					
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date					•	·			Ì				124	
O. Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  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					•								84	, 03
a Did the plan have a "funding shortfall" for the prior year?	n					d contribution for currently	our dajuotou	to valuation da		-100				Т
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	σ,		•			prior vear?	\$1. 40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes 🛭	No
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	_													No
Liquidity shortfall as of end of quarter of this plan year										Г			L	T.
	_	C II IINE	z∠∪ais YE	ss, see instruction					ear					
			(1) 1st				33,5				(	4) 4th	)	

F	Part V Assumptions Used to Determ	mine Funding Target and Tar	get Normal Cost		
21	Discount rate:	**			
	<b>a</b> Segment rates: 1st segment: 3 . 92 %	2nd segment: 5 . 5 2 %	3rd segment: 6.29%		N/A, full yield curve used
	<b>b</b> Applicable month (enter code)			21b	C
22	Weighted average retirement age			22	62
23	Mortality table(s) (see instructions) Prior regu	ulation: Prescribed - com	pined Prescribed	d - separat	e Substitute
		egulation: X Prescribed - comb	oined Prescribed	d - senarat	e Substitute
		egulation. A 1 resonated - comi	T Tesember	- оорини	
P	art VI Miscellaneous Items				
24	Has a change been made in the non-prescribed attachment.				
25	Has a method change been made for the curren	t plan year? If "Yes," see instructions	regarding required attach	nment	Yes 🗓 No
26	Is the plan required to provide a Schedule of Act	tive Participants? If "Yes," see instructi	ions regarding required a	attachment	Yes 🗓 No
27	If the plan is subject to alternative funding rules, attachment	* *		27	
P	art VII Reconciliation of Unpaid Mir	nimum Required Contribution	ns For Prior Years		
28	Unpaid minimum required contributions for all pr	ior years		28	C
29	Discounted employer contributions allocated tow (line 19a)	•		29	C
30	Remaining amount of unpaid minimum required	contributions (line 28 minus line 29)		30	(
Pa	art VIII Minimum Required Contribu	tion For Current Year			
31	Target normal cost and excess assets (see instr	ructions):			
	a Target normal cost (line 6)			31a	72,154
	<b>b</b> Excess assets, if applicable, but not greater th	an line 31a		31b	0
32	Amortization installments:		Outstanding Bala	nce	Installment
	a Net shortfall amortization installment			39,125	11,883
	<b>b</b> Waiver amortization installment			0	C
33	If a waiver has been approved for this plan year, (Month Day Year	enter the date of the ruling letter grant) and the waived amount		33	
34	Total funding requirement before reflecting carry	over/prefunding balances (lines 31a - :	31b + 32a + 32b - 33)	34	84,037
		Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for use to offset funding requirement				0
36	Additional cash requirement (line 34 minus line 3	35)		36	84,037
37		d contribution for current year adjusted	to valuation date (line	37	84,037
38					
	a Total (excess, if any, of line 37 over line 36)			38a	0
	<b>b</b> Portion included in line 38a attributable to use			38b	C
39	MARI MARK W. CO.			39	C
40	Lorgonia w N - Harris	- I E March -		40	0
Pa		ler Pension Relief Act of 2010		.)	
_	If an election was made to use PRA 2010 funding				
	a Schedule elected				2 plus 7 years 15 years
	<b>b</b> Eligible plan year(s) for which the election in lin	HE 414 Was made		200	70 1 2003 1 2010 1 2011

Summary of Plan Provisions
Short Plan Year: 1/1/2018 to 10/26/2018
Valuation Date: 10/26/2018

Plan Effective Date January 1, 2014

**Short Plan Year** From January 1, 2018 to October 26, 2018

Eligibility All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Union Employees, Nonresident aliens and Leased Employees are

Excluded

Normal Retirement Age All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62

Completion of 5 years of participation from entry date

**Cash Balance Contribution Credit**The plan provides the following cash balance contribution credits to participants based on their group classification:

The accrued benefit as of October 26, 2018, plus the benefit

based on the following formula:

Group 1: Samir Master 45.88% of compensation

Group 2: Aditi Master 35.92% of compensation

Group 3: Lineal Ascendants & Decendants

No contribution

Group 4: Non-Owner Highly Comp. Employees

No contribution

Group 5: All Others 2% of compensation

The maximum monthly benefit is the lesser of \$18,333.33 and 100% of the highest 3-year average salary, subject to service requirements.

Salary based contribution credits are applied to current compensation.

**Normal Form of Benefit** A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based

on salary and/or service on the calculation date, and payable on

the normal retirement date.

Summary of Plan Provisions
Short Plan Year: 1/1/2018 to 10/26/2018
Valuation Date: 10/26/2018

Credited years are plan years from date of hire excluding the following:

Years before October 26, 2018 Years before the effective date Years with less than 1,000 hours

**Termination Benefit** 

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Immediate 100% vesting

Credited years are plan years from date of hire excluding the following:

Years before the effective date Years with less than 1,000 hours

**Top-Heavy Minimum Benefit** 

Top-heavy minimum benefits are provided under another plan

of the employer

**Top-Heavy Status** 

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

**Death Benefit** 

Actuarial Equivalent of the accrued benefit earned to date of

death

**Disability** 

Equal to present value of the accrued benefit

**Cash Balance** 

The annual Interest Crediting Rate for this plan year is 5.00%

Attachment to 2018 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 27-3388499 PN: 001

### **Dermatology Arts Cash Balance Plan**

Weighted Average Retirement Age Short Plan Year: 1/1/2018 to 10/26/2018 Valuation Date: 10/26/2018

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62



#### Filing Authorization For the 2018 Form 5500 / Form 5500-SF & Form 8955

Name of Plan: Dermatology Arts Cash Balance Plan EIN / PN: 27-3388499 / 001 Plan Year Ending: 12/31/2018 Part I Authorization of Practitioner to Electronically Sign and File Form 5500/5500-SF By checking this box, I hereby authorize Newport Group, Inc. to electronically sign and file the above-named return/report through EFAST2. I understand that in granting this authority: 1. I/we must manually sign and date page 1 of the Form 5500 and/or page 1 of Form 5500-SF and provide a scanned copy of that signature page to Newport Group, Inc. before the electronic filing can be initiated. 2. Newport Group, Inc. will retain a copy of this written authorization in its records. 3. Newport Group, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report. 4. A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 1 of Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure. 5. Newport Group, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization. Part II Authorization of Practitioner to Electronically File Form 8955-SSA By checking this box, I hereby authorize Newport Group, Inc. to electronically file the above-named return/report through the IRS electronic filing program called the "Filing Information Returns Electronically" (FIRE). I understand that in granting this authority that: 1. Newport Group will retain a copy of this written authorization in its records; 2. Newport Group will notify the individual signing below as Plan Administrator about any inquiries and information it receives from IRS regarding this annual return/report; and 3. Newport Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization. 4. I, as Plan Administrator, agree that I must retain a copy of Form 8955-SSA which I have signed and dated. Part III Signed Authorization by Plan Administrator/ Sponsor. This authorization is applicable only to the, filing for the above-named Plan and applies only for Plan year end stated above. Plan Administrator: Employer/Plan Sponsor (if not the Plan Administrator): \_ Date: Part IV Acknowledgement of Receipt of Authorization

The designated service provider must retain this authorization. Do not submit this form to the DOL, unless requested to do so.

Date: May 22, 2019

On behalf of Newport Group, Inc., I hereby certify that the firm will use the authority granted only for the express purpose described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or

Plan Sponsor is protected from unauthorized disclosure.

For Newport Group, Inc.:

### 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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information											
For calend	lar plan year 2018 or fis	scal plan year beginning	01/0	1/2018	and ending	12/3	31/2018						
A This re	turn/report is for:	X a single-employer plan					king this box must attach a rith the form instructions.)						
	·	a one-participant plan		foreign plan	,		,						
<b>B</b> This ret	urn/report is	the first return/report	X the	e final return/report									
		an amended return/report	as	short plan year returr	olan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	au	utomatic extension		DFVC p	rogram						
		special extension (enter desc	cription)										
Part II	Basic Plan Info	rmation—enter all requested in	nformatio	on									
1a Name DERM	of plan	CASH BALANCE PLAN				<b>1b</b> Three plan (PN)	number						
							tive date of plan						
		yer, if for a single-employer plan)	·			<b>2b</b> Empl	oyer Identification Number						
		m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign post		(if foreign, see instr	uctions)	` ,	27-3388499						
-	MATOLOGY ARTS,			(e.e.g., eeee	2010110/		nsor's telephone number						
							ness code (see instructions)						
P.O.	. Box 958					24 24011	(000 110111 11011 11011 11011 11011 11011 11011 11011 11011 11011 11011 1						
Mercer Island WA 98040					621111								
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	onsor.			<b>3b</b> Administrator's EIN							
						<b>3c</b> Administrator's telephone number							
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a				4b EIN							
	sor's name	isor s name, Lin, the plan name of	and the	plan number nom u	e last return/report.	4d PN							
C Plan N													
<b>5a</b> Total	number of participants	at the beginning of the plan year.				5a	8						
		at the end of the plan year				5b							
		account balances as of the end of			·	5c							
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the p	olan yea	r		5d(1)	8						
		rticipants at the end of the plan ye				5d(2)	C						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e	3						
		or incomplete filing of this retur											
SB or Sche	alties of perjury and otled edule MB completed at true, correct, and comp	her penalties set forth in the instru nd signed by an enrolled actuary, a plete. /	as well	I declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, includi t, and to the	ng, if applicable, a Schedule best of my knowledge and						
SIGN	Lan M	255			SAMIR MASTER,	MD							
HERE	Signature of plan a			Date <sup>7/11/19</sup>	Enter name of individ	vidual signing as plan administrator							
SIGN	Lai	1/1/1/25											
HERE Signature of employer/plan sponsor Date 7/11/19 Enter name of individual signing a						as employer or plan sponsor							

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

_	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>								No No
	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 ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes X No	Not determine . (See instructions	
Pai	t III Financial Information		Г						
7	Plan Assets and Liabilities		(a) Beginning				(b) End	d of Year	
a	Total plan assets	7a		563,	571				0
<u>b</u>	Total plan liabilities	7b			0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		563,	571				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from:  (1) Employers	8a(1)		84,	122				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)			_				
<u>b</u>	Other income (loss)	8b		-54 <b>,</b>	638				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29,4	84
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		593,	055				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						593,0	
	Net income (loss) (subtract line 8h from line 8c)							-563 <b>,</b> 5	71
j_	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 1I	feature co	odes from the List of Pl	an Cha	racteri	stic Cod	les in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Code	es in the inst	ructions:	
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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			57,0	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	<b>e</b> 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	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI	Pension Funding Compliance				
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scl orm 5500) and line 11a below)	nedule S	В	X Y	res No
11a	En	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a		0	
12	ER	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ISA?	on 302 o	f		∕es X No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar nting the waiver	id enter Day		of the lette Year_	er ruling
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	er the minimum required contribution for this plan year	12b			
С	Ente	er the amount contributed by the employer to the plan for this plan year	12c			
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gative amount)	12d			
е	Wil	I 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	Ha	s a resolution to terminate the plan been adopted in any plan year?		X Yes	N	lo
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			(
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	9		X Yes	No

**13c(2)** EIN(s)

**13c(3)** PN(s)

which assets or liabilities were transferred.

13c(1) Name of plan(s):