#### 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** 

|                                     |  | dentification Information  |          |                         |  |          |                     |  |  |  |  |  |  |
|-------------------------------------|--|--|----------|-------------------------|--|----------|---------------------|--|--|--|--|--|--|
| For calendar pla                    | n year 2018 or fisc  | cal plan year beginning 01/01/2  | 2018     |                         | and ending 12  | 2/31/20  | 18                  |  |  |  |  |  |  |
| A This return/re                    | eport is for:  | X a single-employer plan   |          |                         | an (not multiemployer) (<br>ployer information in ac |          | _                   |  |  |  |  |  |  |
|                                     |  | a one-participant plan   |          | oreign plan             | , ,,   |          |                     | ,  |  |  |  |  |  |
| <b>B</b> This return/re             | port is  | the first return/report  | the      | final return/report     |  |          |                     |  |  |  |  |  |  |
|                                     |  | an amended return/report   | a s      | hort plan year return   | r return/report (less than 12 months)                |          |                     |  |  |  |  |  |  |
| C Check box if                      | filing under:  | X Form 5558  | au       | tomatic extension       | atic extension DFVC program                          |          |                     |  |  |  |  |  |  |
|                                     |  | special extension (enter descr   | . ,      |                         |  |          |                     |  |  |  |  |  |  |
| Part II Ba                          | sic Plan Infori  | mation—enter all requested in  | formatic | on                      |  |          |                     |  |  |  |  |  |  |
| 1a Name of pla                      |  | ·  |          |                         |  | 1b -     | Three-digit         |  |  |  |  |  |  |
|                                     | D, PLLC RETIREM  | IENT TRUST   |          |                         |  | ļ ,      | olan number<br>(PN) | 002                                      |  |  |  |  |  |
|                                     |  |  |          |                         |  |          | Effective date of   | f plan                                   |  |  |  |  |  |
| <b>2</b> 0 DI                       |  |  |          |                         |  | 01 -     |                     | 1/2007                                   |  |  |  |  |  |
| Mailing add                         | ess (include room,   | er, if for a single-employer plan)<br>, apt., suite no. and street, or P.C           |          |                         |  |          |                     | fication Number<br>975700                |  |  |  |  |  |
| City or town                        | , state or province,   | , country, and ZIP or foreign post   | tal code | (if foreign, see instru | uctions)   | 20       | Sponsor's telep     | hono numbor                              |  |  |  |  |  |
| DREW STEIN, ME                      | ), PLLC  |  |          |                         |  | 20       | 212-398             |  |  |  |  |  |  |
| 20 M 44TH CT (                      | NUTE 404   |  |          |                         |  | 2d E     | Business code (     | see instructions)                        |  |  |  |  |  |
| 36 W. 44TH ST., S<br>NEW YORK, NY 1 | 0036   |  |          |                         |  |          | 6211                | 11                                       |  |  |  |  |  |
| ,                                   |  |  |          |                         |  |          |                     |  |  |  |  |  |  |
| 3a Plan admini                      | strator's name and   | I address X Same as Plan Spor  | nsor.    |                         |  | 3b /     | Administrator's     | EIN                                      |  |  |  |  |  |
|                                     |  | _  |          |                         |  | 20.      |                     |  |  |  |  |  |  |
|                                     |  |  |          |                         |  | 3C /     | Administrator's     | telephone number                         |  |  |  |  |  |
|                                     |  |  |          |                         |  |          |                     |  |  |  |  |  |  |
|                                     |  |  |          |                         |  |          |                     |  |  |  |  |  |  |
|                                     |  | plan sponsor or the plan name ha<br>sor's name, EIN, the plan name a                 |          |                         |  | 4b EIN   |                     |  |  |  |  |  |  |
| <b>a</b> Sponsor's n                |  | , , ,  | ,        | '                       | ·  | 4d PN    |                     |  |  |  |  |  |  |
| C Plan Name                         |  |  |          |                         |  |          |                     |  |  |  |  |  |  |
| 5a Total numb                       | er of participants a   | t the beginning of the plan year   |          |                         |  | 5a       |                     | 5  |  |  |  |  |  |
| _                                   |  | it the end of the plan year  |          |                         |  | 5b       |                     | 5  |  |  |  |  |  |
|                                     |  | ccount balances as of the end of   |          |                         |  | 5c       |                     |  |  |  |  |  |  |
| •                                   | •  |  |          |                         |  | 5d(1     |                     |  |  |  |  |  |  |
|                                     | •  | cipants at the beginning of the plan vo  | •        |                         |  | 5d(2     |                     | 5<br>5                                   |  |  |  |  |  |
|                                     |  | icipants at the end of the plan year<br>erminated employment during the              |          |                         |  |          |                     |  |  |  |  |  |  |
| than 100%                           | vested   |  |          |                         |  | 5e       |                     | 0  |  |  |  |  |  |
|                                     |  | r incomplete filing of this return   |          |                         |  |          |                     |  |  |  |  |  |  |
| SB or Schedule                      |  | er penalties set forth in the instruct<br>d signed by an enrolled actuary, a<br>ete. |          |                         |  |          |                     |  |  |  |  |  |  |
| SIGN Filed                          |  | alid electronic signature.   |          | 08/27/2019              | DREW A. STEIN  |          |                     |  |  |  |  |  |  |
| HERE Sig                            | nature of plan ad  | ministrator  |          | Date                    | Enter name of individ                                | ual sigr | ning as plan adr    | ninistrator                              |  |  |  |  |  |
| SIGN                                |  |  |          |                         |  |          |                     |  |  |  |  |  |  |
| HERE Sig                            | Signature of employer/plan sponsor Date Enter name of individu |  |          |                         |  |          |                     | lual signing as employer or plan sponsor |  |  |  |  |  |

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| _   | 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   |             |                             |          |          |             |                |                     |  |  |  |
|-----|--|-------------|-----------------------------|----------|----------|-------------|----------------|---------------------|--|--|--|
| b   | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a                            |             |                             |          |          |             |                | 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   | surance p   | orogram (see ERISA se       | ection 4 | 021)?    |             | Yes X No       | 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  | rt III Financial Information   |             |                             |          |          |             |                |                     |  |  |  |
| 7   | Plan Assets and Liabilities  |             | (a) Beginning (             | of Year  |          |             | (b) En         | d of Year           |  |  |  |
| а   | Total plan assets  | 7a          | 138                         | 85751    |          |             |                | 1567996             |  |  |  |
| b   | Total plan liabilities   | 7b          |                             | 0        |          |             |                |                     |  |  |  |
| С   | Net plan assets (subtract line 7b from line 7a)  | 7c          | 138                         | 85751    |          |             |                | 1567996             |  |  |  |
| 8   | Income, Expenses, and Transfers for this Plan Year   |             | (a) Amoun                   | ıt       |          |             | (b)            | Total               |  |  |  |
| а   | Contributions received or receivable from: (1) Employers   | 8a(1)       | 30                          | 00000    |          |             |                |                     |  |  |  |
|     | (2) Participants   | 8a(2)       |                             |          |          |             |                |                     |  |  |  |
|     | (3) Others (including rollovers)   | 8a(3)       |                             |          |          |             |                |                     |  |  |  |
| b   | Other income (loss)  | 8b          | -10                         | 02047    |          |             |                |                     |  |  |  |
| С   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c          |                             |          |          |             |                | 197953              |  |  |  |
| d   | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d          |                             |          |          |             |                |                     |  |  |  |
| е   | Certain deemed and/or corrective distributions (see instructions)  | 8e          |                             |          |          |             |                |                     |  |  |  |
| f   | Administrative service providers (salaries, fees, commissions)   | 8f          |                             |          |          |             |                |                     |  |  |  |
| g   | Other expenses   | 8g          | ,                           | 15708    |          |             |                |                     |  |  |  |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h          |                             |          |          |             |                | 15708               |  |  |  |
| i   | Net income (loss) (subtract line 8h from line 8c)  | 8i          |                             |          |          |             |                | 182245              |  |  |  |
| j   | Transfers to (from) the plan (see instructions)  | 8j          |                             |          |          |             |                |                     |  |  |  |
| Pai | rt IV Plan Characteristics   |             |                             |          |          |             |                |                     |  |  |  |
| 9a  | If the plan provides pension benefits, enter the applicable pension $\begin{array}{cc} 1A & 3D \end{array}$  | feature co  | odes from the List of Plant | an Cha   | racteri  | stic Co     | odes in the in | structions:         |  |  |  |
| b   | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cod  | les from the List of Pla    | n Chara  | acterist | tic Cod     | des in the ins | tructions:          |  |  |  |
| 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V                              | oluntary F  | iduciary Correction         | 40-      |          | <b>&gt;</b> |                |                     |  |  |  |
|     | Program)  Were there any nonexempt transactions with any party-in-interest   |             |                             | 10a      |          | X           |                |                     |  |  |  |
|     | reported on line 10a.)   |             |                             | 10b      |          | X           |                |                     |  |  |  |
| С   | Was the plan covered by a fidelity bond?   |             |                             | 10c      | X        |             |                | 138576              |  |  |  |
| d   | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  |             |                             | 10d      |          | X           |                |                     |  |  |  |
| e   | 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      |          | X           |                |                     |  |  |  |
| f   | Has the plan failed to provide any benefit when due under the plan   | n?          |                             | 10f      |          | X           |                |                     |  |  |  |
| g   | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year-  | end.)                       | 10g      |          | X           |                |                     |  |  |  |
| h   | If this is an individual account plan, was there a blackout period? ( 2520.101-3.)   | •           |                             | 10h      |          |             |                |                     |  |  |  |
| i   | If 10h was answered "Yes," check the box if you either provided 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)   |        | В     | X Ye   | es 🗌 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 302 of ERISA? |   |        |       |        |         |  |  |  |  |
|  | (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 :   | 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    |       |        |         |  |  |  |  |
| C Enter the amount contributed by the employer to the plan for this plan year  |   |        |       |        |         |  |  |  |  |
| 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?   |        | X Yes | No     | ı       |  |  |  |  |
|  | If "Yes," enter the amount of any plan assets that reverted to the employer this year   | 13a    |       |        | (       |  |  |  |  |
| b  | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |        |       |        |         |  |  |  |  |
| 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  | <b>3c(1)</b> 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 p    | olan year 2018     | or fiscal plan y      | ear beginning 01          | /01/2018     |  |        | and endin     | g 12/3    | 31/201          | 8            |                             |
|------|------------------|--------------------|-----------------------|---------------------------|--------------|--|--------|---------------|-----------|-----------------|--------------|-----------------------------|
| )    | Round off        | amounts to         | nearest dollar.       |                           |              |  |        |               |           |                 |              |                             |
|      | Caution: A       | penalty of \$1     | ,000 will be ass      | sessed for late filing of | this repo    | rt unless reasonable ca                                      | ause i | s establishe  | d.        |                 |              |                             |
| Α    | Name of pla      |                    |                       |                           |              |  | В      | Three-dig     | git       |                 |              |                             |
|      | DREW STE         | IN, MD, PLLC       | RETIREMENT            | TRUST                     |              |  |        | plan num      | ber (PN   | I)              | •            | 002                         |
|      |                  |                    |                       |                           |              |  |        |               |           |                 |              |                             |
| С    | Plan sponse      | or's name as s     | shown on line 2a      | a of Form 5500 or 5500    | 0-SF         |  | D      | Employer      | Identific | ation N         | Number (E    | IN)                         |
|      | -                | IN, MD, PLLC       |                       |                           |              |  |        | 1 -7 -        | 20-49     |                 |              | ,                           |
|      |                  |                    |                       |                           |              |  |        |               |           |                 |              |                             |
| Е    | Type of plan     | : X Single         | Multiple-A            | Multiple-B                |              | F Prior year plan size:                                      | X 1    | 00 or fewer   | 101-      | -500            | More th      | an 500                      |
| I    | Part I           | Basic Infor        | mation                |                           |              |  |        |               |           |                 |              |                             |
| 1    |                  | valuation date     | e: N                  | Month 01 Da               | ay <u>01</u> | Year <u>2018</u>   | _      |               |           |                 |              |                             |
| 2    | Assets:          |                    |                       |                           |              |  |        |               |           |                 |              |                             |
|      | <b>a</b> Market  | value              |                       |                           |              |  |        |               | . 2a      |                 |              | 1383713                     |
|      | <b>b</b> Actuar  | al value           |                       |                           |              |  |        |               | . 2b      |                 |              | 1383713                     |
| 3    | Funding          | arget/participa    | ant count break       | down                      |              | ,  | ,      | nber of pants |           | sted F<br>Targe | unding<br>t  | (3) Total Funding<br>Target |
|      | <b>a</b> For ret | red participan     | its and beneficia     | aries receiving paymen    | nt           |  |        | 0             |           |                 | 0            | C                           |
|      | <b>b</b> For ter | minated veste      | ed participants       |                           |              |  |        | 0             |           |                 | 0            | C                           |
|      | <b>C</b> For act | ive participant    | is                    |                           |              |  |        | 5             |           |                 | 1476583      | 1476583                     |
|      | <b>d</b> Total   |                    |                       |                           |              |  |        | 5             |           |                 | 1476583      | 1476583                     |
| 4    | If the plan      | n is in at-risk s  | status, check the     | e box and complete line   | es (a) an    | d (b)  | . 📗    |               |           |                 |              |                             |
|      | <b>a</b> Fundin  | g target disreç    | garding prescrib      | ed at-risk assumptions    | s            |  |        |               | 4a        |                 |              |                             |
|      |                  |                    |                       |                           |              | ition rule for plans that loading factor                     |        |               | 4b        |                 |              |                             |
| 5    |                  |                    |                       |                           |              |  |        |               | 5         |                 |              | 5.54 %                      |
| 6    | Target no        | ormal cost         |                       |                           |              |  |        |               | 6         |                 |              | 0                           |
| Sta  | atement by       | Enrolled Actu      | uary                  |                           |              |  |        |               | •         | •               |              |                             |
|      | accordance wi    | h applicable law a | nd regulations. In my |                           |              | dules, statements and attachmable (taking into account the e |        |               |           |                 |              |                             |
|      | SIGN             |                    |                       |                           |              |  |        |               |           |                 |              |                             |
|      | HERE             |                    |                       |                           |              |  |        |               |           |                 | 08/21/201    | 9                           |
|      |                  |                    | Signa                 | ature of actuary          |              |  |        |               |           |                 | Date         |                             |
|      | THOMAS J.        | CRAMTON            |                       |                           |              |  |        |               |           |                 | 17-03309     | )                           |
|      |                  |                    | Type or p             | rint name of actuary      |              |  |        |               | Most      | recent          | enrollmer    | nt number                   |
|      | CONSULTIN        | IG ACTUARY         |                       |                           |              |  |        |               |           | 80              | 04-379-49    | 00                          |
|      |                  | ENOT ROAD          | I                     | Firm name                 |              |  |        | Те            | lephone   | numb            | oer (includi | ing area code)              |
|      | WIIDLO I HIA     | N, VA 23113        |                       |                           |              |  |        |               |           |                 |              |                             |
|      |                  |                    | Add                   | lress of the firm         |              |  |        |               |           |                 |              |                             |
|      |                  | s not fully refl   | ected any regula      | ation or ruling promulg   | gated und    | er the statute in compl                                      | eting  | this schedule | e, check  | the bo          | ox and see   | ·                           |
| inet | ructions         |                    |                       |                           |              |  |        |               |           |                 |              | ш                           |

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

| Pa   | art II  | Begin       | ning of Year                    | Carryov      | er and Prefunding B             | alances                                  |             |          |                    |          |           |                   |   |
|--|---|-------------|---------------------------------|--------------|---------------------------------|--|-------------|----------|--------------------|----------|-----------|-------------------|---|
|  |   |             |                                 |              |                                 |  |             | (a) C    | arryover balanc    | е        | (b) F     | refundir          | ng balance                                    |
| 7  |   | •           | 0 , ,                           |              | able adjustments (line 13 fro   | •  |             |          |                    | 0        |           |                   | 0   |
| 8  |   |             | •                               | ,            | nding requirement (line 35 fi   |  |             |          |                    | 0        |           |                   | 0   |
| 9  | Amount r  | emaining    | g (line 7 minus line            | 8)           |                                 |  |             |          |                    | 0        |           |                   | 0   |
| 10   | Interest of   | n line 9 เ  | using prior year's              | actual retu  | rn of <u>13.88</u> %            |  |             |          |                    | 0        |           |                   | 0   |
| 11   | Prior yea   | r's exces   | s contributions to              | be added     | to prefunding balance:          |  |             |          |                    |          |           |                   |   |
|  | <b>a</b> Preser   | it value o  | f excess contribut              | ions (line 3 | 38a from prior year)            |  |             |          |                    |          |           |                   | 40377   |
| <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 |   |             |                                 |              |                                 |  |             |          |                    |          |           | 2318              |   |
|  | <b>b(2)</b> Inte  | erest on I  | ine 38b from prior              | year Sche    | edule SB, using prior year's    | actual                                   |             |          |                    |          |           |                   | 2310  |
|  |   |             |                                 |              |                                 |  |             |          |                    |          |           |                   | 0   |
|  | C Total a   | vailable a  | t beginning of curre            | ent plan yea | ar to add to prefunding balanc  | e  |             |          |                    |          |           |                   | 42695   |
|  | <b>d</b> Portion  | of (c) to   | be added to prefu               | unding bala  | ance                            |  |             |          |                    |          |           |                   | 0   |
| 12   | Other red   | ductions i  | n balances due to               | elections    | or deemed elections             |  |             |          |                    | 0        |           |                   | 0   |
| 13   | Balance   | at beginn   | ning of current yea             | r (line 9 +  | line 10 + line 11d – line 12).  |  |             |          |                    | 0        |           |                   | 0   |
| Р  | art III   | Fun         | ding Percenta                   | ages         |                                 |  |             |          |                    |          |           |                   |   |
| 14   | Funding   | _           |                                 |              |                                 |  |             |          |                    |          |           | 14                | 93.71%  |
|  |   |             |                                 |              | <b>9</b>                        |  |             |          |                    |          |           | 15                | 93.71%  |
| 16   |   |             |                                 |              | of determining whether carry    |  |             |          |                    | to reduc | e current | 16                | 88.95%  |
| 17   |   |             |                                 |              | less than 70 percent of the     |  |             |          |                    |          |           | 17                | %   |
| Р  | art IV  | Con         | tributions an                   | d Liquid     | ity Shortfalls                  |  |             |          |                    |          |           |                   |   |
| 18   |   |             |                                 |              | ar by employer(s) and employer  |  |             |          | T                  |          |           |                   |   |
| (1)  | (a) Date  MM-DD-Y   |             | <b>(b)</b> Amount p<br>employer | -            | (c) Amount paid by<br>employees | (a) Date (b) Amount (MM-DD-YYYY) employe |             |          | (b) Amount employe |          | (0        | Amour (:<br>emplo | nt paid by<br>ovees                           |
| ,  | 1/15/2019   | ,           | - 1 - 2                         | 300000       | 0                               | ,  |             |          |                    | (-)      |           |                   | <u>, , , , , , , , , , , , , , , , , , , </u> |
|  |   |             |                                 |              |                                 |  |             |          |                    |          |           |                   |   |
|  |   |             |                                 |              |                                 |  |             |          |                    |          |           |                   |   |
|  |   |             |                                 |              |                                 |  |             |          |                    |          |           |                   |   |
|  |   |             |                                 |              |                                 |  |             |          |                    |          |           |                   |   |
|  |   |             |                                 |              |                                 |  |             |          |                    |          |           |                   |   |
|  |   |             |                                 |              |                                 | Totals >                                 | <b>&gt;</b> | 18(b)    |                    | 3000     | 18(c)     |                   | 0   |
| 19   | Discount  | ed emplo    | yer contributions               | – see instr  | uctions for small plan with a   | valuation of                             | date a      | fter the | beginning of the   | year:    |           |                   |   |
|  | <b>a</b> Contril  | outions a   | llocated toward ur              | npaid minir  | num required contributions t    | rom prior y                              | ears.       |          |                    | 19a      |           |                   | 0   |
|  | <b>b</b> Contrib  | outions m   | nade to avoid restr             | ictions adj  | usted to valuation date         |  |             |          |                    | 19b      |           |                   | 0   |
|  | <b>C</b> Contrib  | outions all | ocated toward min               | imum requi   | red contribution for current ye | ar adjusted                              | to val      | uation d | late               | 19c      |           |                   | 283336  |
| 20   | Quarterly   | contribu    | tions and liquidity             | shortfalls:  |                                 |  |             |          |                    |          |           |                   |   |
|  | a Did the plan have a "funding shortfall" for the prior year?   |             |                                 |              |                                 |  |             |          | Yes No             |          |           |                   |   |
|  | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? |             |                                 |              |                                 |  |             |          | Yes X No           |          |           |                   |   |
|  | C If line   | 20a is "Y   | es," see instructio             | ns and con   | nplete the following table as   | applicable                               | :_          |          |                    |          |           |                   |   |
|  |   | (4)         |                                 |              | Liquidity shortfall as of en    | d of quarte                              | r of th     |          | ,                  |          |           | (4)               |   |
|  |   | (1) 1s      |                                 |              | (2) 2nd                         |  |             | (3)      | 3rd                |          |           | (4) 4th           |   |
|  | 0 0   |             |                                 |              |                                 |  |             |          |                    |          | 0         |                   |   |

|  | art V               | Assumpti         | ione Head to      | Dotormino          | - Funding        | Target and Tar                          | not Norma     | al Cost       |            |                            |  |
|--|---------------------|------------------|-------------------|--------------------|------------------|---|---------------|---------------|------------|----------------------------|--|
| 21   | Discount            |                  | ons osea to       | Determine          | i unung          | raiget and raig                         | Jet Norma     | ai COSt       |            |                            |  |
| 21   |                     | ent rates:       | 1st se            | gment:             | 2n               | d segment:                              | 31            | d segment:    |            |                            |  |
|  | <b>u</b> oogiii     | ioni ratos.      | ,                 | 3.92%              |                  | 5.52%                                   |               | 6.29 %        |            | N/A, full yield curve used |  |
|  | <b>b</b> Applic     | able month (er   | nter code)        |                    |                  |   |               |               | 21b        | 2                          |  |
| 22   | Weighte             | d average retir  | ement age         |                    |                  |   |               |               | 22         | 62                         |  |
| 23   | Mortality           | table(s) (see    | instructions)     | Prior regulation   | n: 📗             | Prescribed - comb                       | ined X        | Prescribed    | d - separa | te Substitute              |  |
|  |                     |                  |                   | Current regulat    | tion:            | Prescribed - comb                       | ined          | Prescribed    | d - separa | te Substitute              |  |
| Pa   | art VI              | Miscellane       | ous Items         |                    |                  |   |               |               |            |                            |  |
| 24   |                     |                  |                   | rescribed actua    | rial assumption  | ons for the current p                   | lan vear? If  | "Yes." see ii | nstruction | s regarding required       |  |
|  | attachment          |                  |                   |                    |                  |   |               |               |            |                            |  |
| 25   | Has a m             | ethod change l   | been made for t   | he current plan    | year? If "Yes    | s," see instructions r                  | egarding red  | uired attach  | ment       | Yes X No                   |  |
| 26   | Is the pla          | an required to p | provide a Sched   | lule of Active Pa  | articipants? I   | f "Yes," see instructi                  | ons regardin  | g required a  | ittachmen  | t                          |  |
| 27   |                     | •                | alternative fund  | •                  |                  | ode and see instruct                    | ons regardir  | g             | 27         |                            |  |
| P  | art VII             | Reconcili        | ation of Unp      | oaid Minimu        | m Require        | ed Contribution                         | s For Pri     | or Years      |            |                            |  |
| 28   | Unpaid n            | ninimum requii   | red contributions | s for all prior ye | ars              |   |               |               | 28         | 0                          |  |
| 29   |                     |                  |                   |                    |                  |   |               |               | 29         | 0                          |  |
| 30   | Remaini             | ng amount of u   | unpaid minimum    | required contri    | butions (line 2  | 28 minus line 29)                       |               |               | 30         | 0                          |  |
| Pa   | art VIII            | Minimum          | Required C        | ontribution        | For Curre        | nt Year                                 |               |               |            |                            |  |
| 31   | Target n            | ormal cost and   | d excess assets   | (see instruction   | ns):             |   |               |               |            |                            |  |
|  | <b>a</b> Target     | normal cost (li  | ne 6)             |                    |                  |   |               |               | 31a        | 0                          |  |
|  | <b>b</b> Excess     | s assets, if app | olicable, but not | greater than line  | e 31a            |   |               |               | 31b        | 0                          |  |
| 32   | Amortiza            | ation installmen | nts:              |                    |                  |   | Outst         | anding Bala   | nce        | Installment                |  |
|  | a Net sh            | ortfall amortiza | ation installment |                    |                  |   |               |               | 92870      | 22415                      |  |
|  |                     |                  |                   |                    |                  |   |               |               | 0          | 0                          |  |
| 33   | If a waive (Month _ |                  |                   |                    |                  | he ruling letter grant<br>waived amount |               |               | 33         |                            |  |
| 34   | Total fun           | ding requireme   | ent before reflec | cting carryover/p  | orefunding ba    | lances (lines 31a - 3                   | 31b + 32a + 3 | 32b - 33)     | 34         | 22415                      |  |
|  |                     |                  |                   |                    | Carry            | over balance                            | Prefu         | ınding balar  | nce        | Total balance              |  |
| 35   |                     |                  | se to offset fund | -                  |                  | 0                                       |               |               | 0          | 0                          |  |
| 36   | Additiona           | al cash require  | ment (line 34 m   | inus line 35)      |                  |   |               |               | 36         | 22415                      |  |
| 37   |                     |                  |                   | •                  |                  | urrent year adjusted                    |               | `             | 37         | 283336                     |  |
| 38   | Present             | value of exces   | s contributions f | for current year   | (see instructi   | ons)                                    |               |               |            |                            |  |
|  | a Total (           | excess, if any,  | of line 37 over l | line 36)           |                  |   |               |               | 38a        | 260921                     |  |
| <b>a</b> Total (excess, if any, of line 37 over line 36) |                     |                  |                   |                    |                  |   |               | 38b           | 0          |                            |  |
| 39   |                     |                  |                   |                    |                  |   |               |               | 0          |                            |  |
| 40   | Unpaid n            | ninimum requii   | red contributions | s for all years    |                  |   |               |               | 40         | 0                          |  |
| Pa   | rt IX               | Pension          | Funding Re        | lief Under P       | ension Re        | elief Act of 2010                       | (See Ins      | tructions     | 5)         |                            |  |
| 41   | If an elec          | tion was made    | e to use PRA 20   | 10 funding relie   | of for this plan | : <u> </u>                              |               |               |            |                            |  |
|  | <b>a</b> Sched      | ule elected      |                   |                    |                  |   |               |               |            | 2 plus 7 years 15 years    |  |
|  | <b>b</b> Eligible   | e plan year(s) f | for which the ele | ection in line 41a | a was made       |   |               |               |            | 08                         |  |

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

### Drew Stein, MD, PLLC Retirement Trust 20-4975700 / 002

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

Valuation Date: 01/01/2018

Funding Method: As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

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 Second Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

| Segment # | Year   | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5  | 1.77   |
| Segment 2 | 6 - 20 | 3.73   |
| Segment 3 | > 20   | 4.60   |

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

| 11/11/1   |        |        |
|-----------|--------|--------|
| 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 - 18A - 2018 Annuitant

Cost of Living - None

Lump Sum - 18E - 2018 Applicable Mortality Table for 417(e) (unisex) at 5%

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

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

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

Testing Age - Age 62 or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

Drew Stein, MD, PLLC Retirement Trust 20-4975700 / 002
For the plan year 01/01/2018 through 12/31/2018

#### 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 Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Ponsion Senefit 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).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

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

| Pa    | rt l             | Annual Repor                       | t Identification Information   | 01 /01 /0020   | and ending  | 12/31/20  | 18  |  |  |  |  |
|-------|------------------|------------------------------------|--|--|---|---|---|--|--|--|--|
| For c | alenda           | r plan <u>year 201</u> 8 or        | fiscal plan year beginning   | 01/01/2018   |   |   |   |  |  |  |  |
| ΑТ    | 'his retu        | ırn/report is for:                 | 🗓 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<br>   |   |   |   |  |  |  |  |
| 8 11  | nis retur        | rn/report Is                       | the first return/report  | the final return/report  |   |   |   |  |  |  |  |
|       |                  |                                    | an amended return/report   | a short plan year return   | /report (less than 12 m                             | nonths)   |   |  |  |  |  |
| C     | Check b          | ox if filing under:                | X Form 5558  | automatic extension  |   | DFVC program                                    |   |  |  |  |  |
|       |                  |                                    | special extension (enter desc  | ription)   |   |   |   |  |  |  |  |
| Pa    | rt II            | Basic Plan In                      | formation—enter all requested in   | formation  |   |   |   |  |  |  |  |
|       | Name o           |                                    |  |  |   | 1b Three-digit                                  |   |  |  |  |  |
|       |                  |                                    | PLLC Retimement Trust  | 2  |   | plan numbe<br>(PN) ▶                            | 002   |  |  |  |  |
|       |                  |                                    |  | 1c Effective da 01/01/2  |   |   |   |  |  |  |  |
|       | Mailina          | address (include o                 | oloyer, If for a single-employer plan)<br>porn, apt., sulte no. and street, or P.( | O. Box)  |   | 2b Employer lo<br>(EIN) 20+4                    | lentification Number<br>1975700               |  |  |  |  |
|       | Çity or          | town, state or provi<br>Stein, MD, | nce, country, and ZIP or foreign pos   | tal code (if foreign, see instr  | uctions)  | <u> </u>  | elephone number                               |  |  |  |  |
|       | ,                | ,                                  |  |  |   |   | ode (see Instructions)                        |  |  |  |  |
|       | 36 W             | . 44th St.,                        | Suite 401  |  |   | ZG Business of                                  | de (see mandodons)                            |  |  |  |  |
|       |                  | York                               | NY 100   |  |   | 621113  |   |  |  |  |  |
| 3a    | Plan a           | dministrator's name                | and address X Same as Plan Spo   | onsor.   |   | 3b Administrat                                  | or's EIN                                      |  |  |  |  |
| 4     | If the r         | name and/or EIN of                 | the plan sponsor or the plan name h  | nas changed since the last re  | eturn/report filed for                              | 4b EIN  |   |  |  |  |  |
|       | this pl          | an, enter the plan s               | ponsor's name, EIN, the plan name  | and the plan number from the   | ne last return/report.                              | 4.4 50  |   |  |  |  |  |
|       | •                | or's name                          |  |  |   | 4d PN   |   |  |  |  |  |
| C     | Plan N           | lame                               |  |  |   |   |   |  |  |  |  |
| 5a    | Totalı           | number of participa                | nts at the beginning of the plan year  |  |   | 5a  | 5   |  |  |  |  |
| b     | Totali           | number of participa                | nts at the end of the plan year  |  |   | 5b  | 5   |  |  |  |  |
| C     |                  |                                    | ith account balances as of the end o   |  |   | 5c  |   |  |  |  |  |
| di    | ( <b>1)</b> Tota | al number of active                | participants at the beginning of the p   | plan year  |   | 5d(1)   |   |  |  |  |  |
|       |                  |                                    | participants at the end of the plan ye   |  |   | 5d(2)   | 5   |  |  |  |  |
|       | Numb             | oer of participants v              | the terminated employment during the   | he plan year with accrued be   | nefits that were less                               | 5e  | <u></u>                                       |  |  |  |  |
| Cau   | ıtlon: A         | penalty for the la                 | te or incomplete filing of this retu   | rn/report will be assessed   | uniess reasonable c                                 | ause is establishe                              | d.  |  |  |  |  |
| SB    | or Šche          | edule MB complete                  | other penalties set forth in the instri<br>d and signed by an enrolled actuary.    | uctions, I declare that I have<br>as well as the electronic ve   | examined this return/reportsion of this return/repo | report, including, if a<br>ort, and to the best | applicable, a Schedule<br>of my knowledge and |  |  |  |  |
| SIG   | N                | true, correct, and c               | ATTIMICAS.   | 8/27/19  | Drew A. Steil                                       | n   |   |  |  |  |  |
| HE    | RE .             | Signature of pla                   | n all ministrator  | Date   | Enter name of indiv                                 | idual signing as pla                            | n administrator                               |  |  |  |  |
| SIG   | N.               |                                    | - *************************************  |  |   |   |   |  |  |  |  |
| HE    |                  | Claustres of -                     |  | Date   | Enter name of ledly                                 | idual signing as em                             | ployer or plan sponsor                        |  |  |  |  |
|       |                  |                                    | ployer/plan sponsor<br>otice, see the instructions for Form 55                     | Date<br>00-SF.   | Enter Hame of Indiv                                 | ravar signing as em                             | Form 5500-SF (2018)                           |  |  |  |  |
|       | W                |                                    | . ,  | -  |   |   | v.1710 <b>2</b> 7                             |  |  |  |  |

|          | croo DE (2019)  |                | Page 2                    |           |  |                        |                                       |  |            | —        |
|----------|---|----------------|---------------------------|-----------|--|------------------------|---------------------------------------|--|------------|----------|
|          | Form 5500-SF (2018)   |                |                           |           |  |                        | <u> </u>                              | X Ye   | .e     N   |          |
| 6a<br>b  | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   |                |                           |           |  |                        |                                       |  |            | No       |
|          | If you answered "No" to either line 6a or line 6b, the plan canno   | t use Forn     | n 5500-SF and must in     | on 4021   | 17   | . ∏ Ye                 | as XINo                               | ☐ Not de                                       | atermine   | ed .     |
| С        |   |                | , (See ins                | tructions | s.)  |                        |                                       |  |            |          |
|          | If the plan is a defined benefit plan, is it covered under the 1000 miles.  If "Yes" is checked, enter the My PAA confirmation number from the  | PBGC pre       | entium ming tot tria plan | 700.      |  |                        |                                       |  |            |          |
| Ps       | art III   Financial Information   |                |                           |           |  |                        | JEV End                               | of Year  |            |          |
| 7        | Plan Assets and Liabilities   |                | (a) Beginning of          |           | +  |                        | (D) Eille                             |  | 567,       | 996      |
|          | Total plan assets   | 7 <u>a</u>     | 1,30                      | 35,75     | 0  |                        | 140                                   |  |            |          |
| b        | Total plan liabilities  | <u>76</u>      | 1 2                       | 85,75     | 1  |                        |                                       | 1.,  | 567,       | 996      |
| <u> </u> | Net plan assets (subtract line 7b from line 7a)   | 7c             |                           | O.J., 10  |  |                        | (5)                                   | Total  |            |          |
| 8        | Income, Expenses, and Transfers for this Plan Year  |                | (a) Amount                |           | ┢  |                        |                                       | , 0.01   |            |          |
|          | Contributions received or receivable from: (1) Employers  | 8a(1)          | 3                         | 00,00     | 30   |                        |                                       | , <u>, , , , , , , , , , , , , , , , , , ,</u> |            |          |
|          | (2) Participants  | 8a(2)          |                           |           | <del> </del>                                     |                        |                                       | 1000   |            |          |
|          | (3) Others (including rollovers)  | 8a(3)          |                           | 02,0      | 47   |                        |                                       |  |            |          |
|          | b Other income (loss)   | 8b             | <u></u>                   | 02,0      | - /  |                        |                                       |  | 197,       | 953      |
|          | C. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c             |                           |           | -  |                        |                                       |  |            |          |
| (        | Benefits paid (Including direct rollovers and insurance premiums to provide benefits)   | . 8d           |                           |           | $\perp$  |                        |                                       |  |            |          |
| _        | <ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>   | . 8e           |                           |           |  |                        |                                       |  |            |          |
| -        | f Administrative service providers (salaries, fees, commissions)  | . 8f           |                           | 15,7      |  |                        |                                       |  |            |          |
|          | g Other expenses  | 8g             |                           | 10,7      | 7.0  |                        |                                       |  | 15,        | 708      |
|          | h Total expenses (add lines 8d, 8e, 8f, and 8g)   | <u>. 8</u> h _ | l.                        |           |  |                        |                                       |  |            | ,245     |
|          | i Net income (loss) (subtract line 8h from line 8c)   | 81             |                           |           |  |                        | · · · · · · · · · · · · · · · · · · · |  |            |          |
|          | j Transfers to (from) the plan (see instructions)   | ·· <u>Bj</u>   | <u> </u>                  |           | i  |                        |                                       |  |            |          |
| F        | Part IV Plan Characteristics  |                |                           | e Char    |  | tic Coc                | les in the it                         | nstructions                                    | : <u> </u> |          |
| 9        | Part IV   Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension 1A 3D  |                |                           |           |  |                        |                                       |  |            |          |
|          | <ul> <li>1A 3D</li> <li>If the plan provides welfare benefits, enter the applicable welfare</li> </ul>  | feature co     | des from the List of Plar | ) Chara   | C( <del>0</del> 11511                            |                        | 54 III VIIC- III                      |  |            | <u> </u> |
| F        | Part V Compliance Questions   |                | <del></del>               |           | Yes  | No                     |                                       | Amoun  |            |          |
| 1        | 10 During the plan year:  |                | in the time period        |           | 100  | <del>-,,,,</del>       |                                       |  |            |          |
|          | Was there a failure to transmit to the plan any participant contrib<br>described in 29 CFR 2510.3-102? (See instructions and DOL's<br>Program)  |                |                           | 10a       |  | х                      | <u> </u>                              |  |            |          |
| _        | by where there any appearant transactions with any party-in-interes   | est? (Do no    | t include transactions    |           |  | $\mid \mathbf{x} \mid$ |                                       |  |            |          |
|          | reported on line 10a.)  |                |                           | 10b       | -  |                        |                                       |  | 120        | 3,576    |
|          | C Was the plan covered by a fidelity bond?  |                |                           | 10c       | X  | !                      |                                       |  | ), Ç       | , 3 / 0  |
| _        | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |                |                           |           |  |                        |                                       |  |            |          |
|          | e 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                      |                                       | <u>.</u>                                       |            |          |
| _        | f Has the plan failed to provide any benefit when due under the plan?   |                |                           |           |  | X                      |                                       |  |            |          |
| _        | g Did the plan have any participant loans? (If "Yes," enter amour   | nt as of yea   | r-end.)                   | 10g       | <del>                                     </del> | X                      |                                       |  |            |          |
| -        | h If this is an individual account plan, was there a blackout period 2520.101-3.)   |                |                           | . 10h     | <u> </u>   | <u> </u>               |                                       |  | <u>.</u>   |          |
| -        | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  |                |                           |           |  | <u></u>                | <u></u>                               |  | <u>.</u>   |          |

### **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.

This Form is Open to Public Inspection

2018

OMB No. 1210-0110

| For   | calendar plan year 2018 or fiscal plan year beginning 01/01   | L/2018                     | and endin          | g 12/        | 31/20    | 18          |                      |  |  |  |
|---|---|----------------------------|--------------------|--------------|----------|-------------|----------------------|--|--|--|
| Þ₽  | tound 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. |   |                            |                    |              |          |             |                      |  |  |  |
| ΑN  | ame of plan   |                            | B Three-digi       | t            |          |             |                      |  |  |  |
| Drev  | Stein, MD, PLLC Retirement Trust  |                            | plan numb          | er (PN)      | •        |             | 002                  |  |  |  |
|   |   |                            |                    |              |          |             |                      |  |  |  |
| СР  | lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  |                            | D Employer Id      | entification | on Num   | nber (EIN)  | )                    |  |  |  |
| Dre   | w Stein, MD, PLLC   | 20-4975700                 |                    |              |          |             |                      |  |  |  |
| ET  | ype of plan: X Single Multiple-A Multiple-B   | X 100 or fewer             | <u>101-50</u>      | 00 🗆         | More tha | ın 500      |                      |  |  |  |
| Pa  | rt I Basic Information  |                            |                    |              |          |             |                      |  |  |  |
| 1   | Enter the valuation date: Month 01 Day 01   | L Year 2018                |                    |              |          |             |                      |  |  |  |
| 2   | Assets:   |                            | -                  |              |          |             |                      |  |  |  |
| _   | a Market value  |                            |                    | 2a           |          |             | 1,383,713            |  |  |  |
|   | <b>b</b> Actuarial value  |                            |                    | 2b           |          |             | 1,383,713            |  |  |  |
| 3   | Funding target/participant count breakdown:   | (1) Number of participants | (2) Vested         | -            |          | (3)         | Total Funding Target |  |  |  |
|   |   | 0                          |                    |              | 0        |             | 0                    |  |  |  |
|   | <b>a</b> For retired participants and beneficiaries receiving payment   | 0                          |                    |              | 0        | 2011        |                      |  |  |  |
|   | <b>b</b> For terminated vested participants   | 5                          |                    |              |          |             |                      |  |  |  |
|   | C For active participants   | 5                          |                    |              |          |             | 1,476,583            |  |  |  |
|   | d Total   |                            |                    | 1,4/6        | , 563    |             | 1,476,363            |  |  |  |
| 4   | If the plan is in at-risk status, check the box and complete lines (a) and  |                            |                    | 4.           |          | -Marie Hall | NEST THE PARTY AND   |  |  |  |
|   | a Funding target disregarding prescribed at-risk assumptions  |                            |                    | 4a           |          |             |                      |  |  |  |
|   | b Funding target reflecting at-risk assumptions, but disregarding trans<br>at-risk status for fewer than five consecutive years and disregard   |                            | nave been in       | 4b           |          |             |                      |  |  |  |
| 5   | Effective interest rate   |                            |                    | 5            |          |             | 5.54 %               |  |  |  |
| 6   | Target normal cost  |                            |                    | 6            |          |             | 0                    |  |  |  |
|   | ement by Enrolled Actuary   |                            |                    |              |          |             |                      |  |  |  |
| acco  | he best of my knowledge, the information supplied in this schedule and accompanying schedu<br>ordance with applicable law and regulations. In my opinion, each other assumption is reasonab<br>bination, offer my best estimate of anticipated experience under the plan. |                            |                    |              |          |             |                      |  |  |  |
|   | IGN<br>ERE  |                            | 8                  | 7/2          | 11       | 120,        | 19                   |  |  |  |
|   | Signature of actuary  |                            | -                  |              | D        | ate         |                      |  |  |  |
|   | Thomas J. Cramton 17-03309  |                            |                    |              |          |             |                      |  |  |  |
|   | Type or print name of actuary Most recent enrollment number   |                            |                    |              |          |             |                      |  |  |  |
| Consulting Actuary (804) 379-4900   |   |                            |                    |              |          | )           |                      |  |  |  |
|   | Firm name Telephone number (including area code)  |                            |                    |              |          |             |                      |  |  |  |
|   | 1523 Huguenot Road  |                            |                    |              |          |             |                      |  |  |  |
|   | US Midlothian VA 23113  |                            |                    |              |          |             |                      |  |  |  |
|   | Address of the firm   |                            |                    |              |          |             |                      |  |  |  |
|   | actuary has not fully reflected any regulation or ruling promulgated und  | der the statute in comp    | leting this schedu | ile, check   | the bo   | x and see   | е 🗌                  |  |  |  |

|             | Sche                | edule SB (Form 5500) 2018   |                                    | Page 2              | 2                 | ]                     |          |         |                   |                      |
|-------------|---------------------|---|------------------------------------|---------------------|-------------------|-----------------------|----------|---------|-------------------|----------------------|
| Part        | II E                | Beginning of Year Carryov   | ver and Prefunding Ba              | lances              |                   |                       |          |         |                   |                      |
|             |                     | <u> </u>  |                                    |                     | (a)               | Carryover balance     |          | (b)     | Prefundir         | ig balance           |
|             |                     | at beginning of prior year after appl                                       |                                    |                     |                   |                       | 0        |         |                   | C                    |
|             |                     | ected for use to offset prior year's  | 0 1 (                              |                     |                   |                       | 0        |         |                   | C                    |
| 9 /         | Amount re           | emaining (line 7 minus line 8)  | •••••                              |                     |                   |                       | 0        |         |                   | C                    |
| <b>10</b> I | Interest o          | n line 9 using prior year's actual re                                       | turn of <u>13.88</u> %             |                     |                   |                       | 0        |         |                   | C                    |
| <b>11</b> F | Prior year          | 's excess contributions to be adde  | d to prefunding balance:           |                     |                   |                       |          |         |                   |                      |
| á           | <b>a</b> Preser     | nt value of excess contributions (lir                                       | ne 38a from prior year)            |                     |                   |                       |          |         |                   | 40,377               |
|             | Sch                 | erest on the excess, if any, of line 3 nedule SB, using prior year's effect | ive interest rate of 5.74          | <u>4</u> %          |                   |                       |          |         |                   | 2,318                |
| •           |                     | rest on line 38b from prior year Sc<br>ırn                                  |                                    |                     |                   |                       |          |         |                   | C                    |
|             |                     |   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     | vailable at beginning of current pla  |                                    |                     |                   |                       |          |         |                   | 42,695               |
|             |                     | n of (c) to be added to prefunding b  |                                    |                     |                   |                       |          |         |                   | C                    |
|             |                     | uctions in balances due to election at beginning of current year (line 9    |                                    |                     |                   |                       | 0        |         |                   | C                    |
|             |                     |   | + IIIIe 10 + IIIIe 11u - IIIIe 12) | •••••               |                   |                       | <u> </u> |         |                   |                      |
| Pari        |                     | Funding Percentages   |                                    |                     |                   |                       |          |         | 44                |                      |
|             |                     | arget attainment percentage   |                                    |                     |                   |                       |          |         | 14                | 93.71 %              |
|             |                     | funding target attainment percenta  |                                    |                     |                   |                       |          |         | 15                | 93.71 %              |
|             |                     | 's funding percentage for purposesers funding requirement                   |                                    |                     |                   |                       |          |         | 16                | 88.95 %              |
| <b>17</b> I | If the curr         | ent value of the assets of the plan   | is less than 70 percent of the     | funding tai         | get, enter        | such percentage       | ••••     | •••••   | 17                | %                    |
| Par         | t IV                | Contributions and Liquid  | dity Shortfalls                    |                     |                   |                       |          |         |                   |                      |
| 18 (        | Contributi          | ons made to the plan for the plan   | year by employer(s) and empl       | oyees:              |                   |                       |          |         |                   |                      |
| )<br>MM)    | (a) Date<br>-DD-YYY | Y) (b) Amount paid by employer(s)   | (c) Amount paid by<br>employees    |                     | ) Date<br>D-YYYY) | (b) Amount<br>employe |          |         | (c) Amou<br>emplo | int paid by<br>oyees |
| 01/1        | L5/2019             | 300,000   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     |   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     |   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     |   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     |   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     |   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     |   |                                    |                     |                   |                       |          |         |                   |                      |
|             |                     |   |                                    |                     | <u> </u>          |                       |          |         |                   |                      |
|             |                     |   |                                    | Totals              | ► 18(b)           |                       | 300,0    | 00 18(0 | )                 | 0                    |
|             |                     | ed employer contributions see in  |                                    |                     |                   |                       |          |         |                   |                      |
| a           | <b>3</b> Contrib    | outions allocated toward unpaid mi  | nimum required contributions       | from prior          | years             |                       | 19a      |         |                   | С                    |
| k           | <b>o</b> Contrib    | outions made to avoid restrictions a  | adjusted to valuation date         | • • • • • • • • • • |                   |                       | 19b      |         |                   | C                    |

| 19 | Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year: |                               |                              |  |         |  |  |  |  |  |
|----|--|-------------------------------|------------------------------|--|---------|--|--|--|--|--|
|    | a Contributions allocated toward   | 19a                           | 0                            |  |         |  |  |  |  |  |
|    | <b>b</b> Contributions made to avoid re  | 19b                           | 0                            |  |         |  |  |  |  |  |
|    | <b>c</b> Contributions allocated toward  | 19c                           | 283,336                      |  |         |  |  |  |  |  |
| 20 | Quarterly contributions and liquidity shortfalls:  |                               |                              |  |         |  |  |  |  |  |
|    | a Did the plan have a "funding shortfall" for the prior year? X Yes 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) 4th |  |  |  |  |  |
|    |  |                               |                              |  |         |  |  |  |  |  |
|    |  |                               |                              |  |         |  |  |  |  |  |
|    |  |                               |                              |  |         |  |  |  |  |  |
|    |  |                               |                              |  |         |  |  |  |  |  |

| Part V  |   | ons Used To Determine                   | Funding Target and Targ  | et Normal Cost           |           |                              |  |  |  |  |  |  |
|---|---|---|--|--------------------------|-----------|------------------------------|--|--|--|--|--|--|
|   | unt rate:   |   |  |                          |           | <u> </u>                     |  |  |  |  |  |  |
| <b>a</b> Seg  | gment rates:  | 1st segment:<br>3.92 %                  | 2nd segment:<br>5.52 %   | 3rd segment:<br>6.29 %   | 6         | ☐ N/A, full yield curve used |  |  |  |  |  |  |
| <b>b</b> App  | plicable month  | (enter code)                            |  |                          | 21b       | 2                            |  |  |  |  |  |  |
| 22 Weigh  | 22 Weighted average retirement age                                  |   |  |                          |           |                              |  |  |  |  |  |  |
| 23 Mortality table(s) (see instructions)  Prior regulation:  Prescribed - combined  Current regulation:  Prescribed - combined  Prescribed - separate  Substitute  Substitute |   |   |  |                          |           |                              |  |  |  |  |  |  |
| Part VI   | Miscellane  | eous items                              |  |                          |           |                              |  |  |  |  |  |  |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required                                |   |   |  |                          |           |                              |  |  |  |  |  |  |
| attach  | ment  |   |  | • • • • • • • • • • •    |           | Yes X No                     |  |  |  |  |  |  |
| <b>25</b> Has a   | method chang  | e been made for the current p           | an year? If "Yes," see instructions                              | regarding required attac | hment .   | Yes X No                     |  |  |  |  |  |  |
| <b>26</b> Is the  | plan required t   | o provide a Schedule of Active          | Participants? If "Yes," see instruct                             | ions regarding required  | attachmen | t Yes X No                   |  |  |  |  |  |  |
| <b>27</b> If the p  | olan is subject   | to alternative funding rules, en        | ter applicable code and see instruc                              | tions regarding          | 27        |                              |  |  |  |  |  |  |
|   |   |   |  |                          |           |                              |  |  |  |  |  |  |
| Part VII  | Reconcili   | ation of Unpaid Minim                   | um Required Contribution   | s For Prior Years        | Г         | T                            |  |  |  |  |  |  |
|   |   | •                                       | years  |                          | 28        | 0                            |  |  |  |  |  |  |
|   | . ,   |   | d unpaid minimum required contrib                                |                          | 29        | 0                            |  |  |  |  |  |  |
| 30 Remai  | ining amount o  | f unpaid minimum required co            | ntributions (line 28 minus line 29)                              |                          | 30        | 0                            |  |  |  |  |  |  |
| Part VIII   | Minimum   | <b>Required Contribution</b>            | For Current Year   |                          |           |                              |  |  |  |  |  |  |
| 31 Target   | t normal cost a   | nd excess assets (see instruct          | ions):   |                          |           |                              |  |  |  |  |  |  |
| <b>a</b> Targ   | get normal cost   | (line 6)                                |  |                          | 31a       | 0                            |  |  |  |  |  |  |
| <b>b</b> Exce   | ess assets, if a  | pplicable, but not greater than         | line 31a   |                          | 31b       | 0                            |  |  |  |  |  |  |
| 32 Amorti   | ization installm  | ents:                                   |  | Outstanding Bala         | ance      | Installment                  |  |  |  |  |  |  |
| a Net   | shortfall amort   | ization installment                     |  |                          | 92,870    | 22,415                       |  |  |  |  |  |  |
| <b>b</b> Wai  | ver amortizatio   | n installment                           |  |                          | 0         | 0                            |  |  |  |  |  |  |
|   |   |   | nter the date of the ruling letter grar) and the waived amount . |                          | 33        |                              |  |  |  |  |  |  |
|   |   |   | r/prefunding balances (lines 31a - 3                             |                          | 34        | 22,415                       |  |  |  |  |  |  |
| <b>34</b> 10tain  | unding require  | Tient before reflecting carryove        | Carryover balance  | Prefunding Bala          | _         | Total balance                |  |  |  |  |  |  |
| 2F Delem  |   |   | Carryoror Daramos  |                          |           |                              |  |  |  |  |  |  |
|   |   | use to offset funding                   | 0  |                          | 0         | 0                            |  |  |  |  |  |  |
| 36 Additio  | onal cash requi   | irement (line 34 minus line 35)         |  |                          | 36        | 22,415                       |  |  |  |  |  |  |
|   |   |   | ontribution for current year adjuste                             |                          | 37        | ·                            |  |  |  |  |  |  |
| (line 1   | 9c)   | • |  |                          | 31        | 283,336                      |  |  |  |  |  |  |
| 38 Preser   | nt value of exc   | ess contributions for current ye        | ear (see instructions)   |                          |           | Г                            |  |  |  |  |  |  |
| <b>a</b> Tota   | l (excess, if an  | y, of line 37 over line 36)             | •                          |                          | 38a       | 260,921                      |  |  |  |  |  |  |
| <b>b</b> Port   | ion included in   | line 38a attributable to use of         | prefunding and funding standard ca                               | arryover balances        | 38b       | 0                            |  |  |  |  |  |  |
| 39 Unpaid   | d minimum req   | uired contribution for current y        | ear (excess, if any, of line 36 over                             | line 37)                 | 39        | 0                            |  |  |  |  |  |  |
|   |   |   | 3  |                          | 40        | 0                            |  |  |  |  |  |  |
| Part IX   | Pension   | Funding Relief Under                    | Pension Relief Act of 2010                                       | (See Instructions        | 5)        |                              |  |  |  |  |  |  |
| 41 If an ele  | ection was mad  | de to use PRA 2010 funding re           | lief for this plan:  |                          |           |                              |  |  |  |  |  |  |
| <b>a</b> Sche   | edule elected .   |   |  |                          | [         | 2 plus 7 years  15 years     |  |  |  |  |  |  |
| <b>h</b> Fligi  | h Fligible plan year(s) for which the election in line 41a was made |   |  |                          |           |                              |  |  |  |  |  |  |

# Schedule SB, Part V Summary of Plan Provisions

### Drew Stein, MD, PLLC Retirement Trust 20-4975700 / 002

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

Employer: Drew Stein, MD, PLLC

Type of Entity - Professional Service Corporation

EIN: 20-4975700 TIN: Plan #: 002 Plan Type: Defined Benefit

**Dates:** Effective - 01/01/2007 Year end - 12/31/2018 Valuation - 01/01/2018

Top Heavy Years - 2015, 2016, 2017, 2018

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

Early - Not provided

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

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

Plan Benefits: Retirement - Percentage of average pay each year, according to job classification.

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 - Face Amount

Disability Benefit - None

**Top Heavy Minimum:** Provided in another plan

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service except years prior to plan effective date and age 18

# Schedule SB, Part V Summary of Plan Provisions

## Drew Stein, MD, PLLC Retirement Trust 20-4975700 / 002

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  | 2.33   |
| Segment 2 | 6 - 20 | 3.55   |
| Segment 3 | > 20   | 4.11   |

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

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

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

# **Schedule SB, line 32 - Schedule of Amortization Bases**

# Drew Stein, MD, PLLC Retirement Trust 20-4975700 / 002 For the plan year 01/01/2018 through 12/31/2018

|         | Date Base<br>Established | Original Base<br>Amount | Type of Base | Present Value of<br>Remaining Installments | Years Remaining<br>Amortization Period | Amortization<br>Installment |
|---------|--------------------------|-------------------------|--------------|--|--|-----------------------------|
|         | 01/01/2013               | 21,913                  | Shortfall    | 7,237                                      | 2                                      | 3,688                       |
|         | 01/01/2014               | -19,156                 | Shortfall    | -9,260                                     | 3                                      | -3,206                      |
|         | 01/01/2015               | 38,268                  | Shortfall    | 24,052                                     | 4                                      | 6,364                       |
|         | 01/01/2016               | 83,828                  | Shortfall    | 64,219                                     | 5                                      | 13,850                      |
|         | 01/01/2017               | 32,835                  | Shortfall    | 29,123                                     | 6                                      | 5,392                       |
|         | 01/01/2018               | -22,501                 | Shortfall    | -22,501                                    | 7                                      | -3,673                      |
| Totals: |                          |                         |              | \$92,870                                   |  | \$22,415                    |