Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report I	Identification Information									
For calend	lar plan year 2018 or fis	cal plan year beginning 01/01/20	018	and ending 12	2/31/2018						
A This re	turn/report is for:	x a single-employer plan		olan (not multiemployer) (Imployer information in ac	_						
D		a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am					
		special extension (enter descri	. ,								
Part II	Basic Plan Info	rmation—enter all requested info	ormation								
1a Name ALLEN GOL	•	INED BENEFIT PENSION PLAN			1b Three-dig plan num (PN) ▶						
					1c Effective	date of plan 02/01/1984					
		ver, if for a single-employer plan)	Pov)			Identification Number					
City or	r town, state or province	structions)	(EIN)	11-2377699 s telephone number							
ALLEN GOL	DSTEIN, MD, PC			18-263-5195							
407 40 7015	2.004.0				2d Business	code (see instructions)					
137-16 72NE FLUSHING,						621111					
3a Plan a	ndministrator's name an		3b Administra	ator's EIN							
					3c Administra	ator's telephone number					
		plan sponsor or the plan name ha			4b EIN						
	lan, enter the plan spon sor's name	nsor's name, EIN, the plan name ar	nd the plan number from	the last return/report.	4d PN						
C Plan N					4 0 1 N						
					_ 1						
_		at the beginning of the plan year		ľ	5a	5					
		at the end of the plan year account balances as of the end of the		ŀ	5b	5					
					5c						
		ticipants at the beginning of the pla	-		5d(1)	0					
		ticipants at the end of the plan yea			5d(2)	0					
than	100% vested	terminated employment during the			5e 0						
		or incomplete filing of this return									
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, as blete.									
SIGN	Filed with authorized/v	valid electronic signature.	09/13/2019	SHULAMITH K. GOLDSTEIN							
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing as pl	an administrator					
SIGN	Filed with authorized/v	valid electronic signature.	09/13/2019	SHULAMITH K. GOLD	OSTEIN						
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	mployer or plan sponsor						

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

	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							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					_			t determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See i	instructions.)		
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Yea	r		
а	Total plan assets	7a	43:	22986				3772	138		
b	Total plan liabilities	7b									
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	43:	22986		3772138					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(1	b) Total			
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-2	-275848							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-275	848		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2	75000							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						275	000		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-550	848		
	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instructions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	nstructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amoun	t		
а	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			IVa		^					
	reported on line 10a.)			10b		X					
				10c	X				500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X					
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.)	10e		X							
f	Has the plan failed to provide any benefit when due under the pla	10f		Χ							
g	Did the plan have any participant loans? (If "Yes," enter amount a	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							
-				_	_						

Form 5500-SF (2018)	Page 3- 1
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Part '	/I 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)	edule S	В	X	Yes	No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				0				
12	ERISA?									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver		he date	of the lette Year _						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
С	Enter the amount contributed by the employer to the plan for this plan year	12c								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				0				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A					
Part '	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X N	lo					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
1	3c(1) Name of plan(s): 13c(2) I	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	lan year 2018	3 or fiscal plan y	ear beginning 01/	/01/2018	3		and endin	g 12/3	31/201	18		
•	Round off	amounts to	nearest dollar.										
<u> </u>	Caution: A	penalty of \$1	1,000 will be ass	sessed for late filing of	this repo	ort unless reasonable cau	ıse is	s established	d.				
Α	Name of pla						В	Three-dig	git				
	ALLEN GO	LDSTEIN, MD), PC-DEFINED	BENEFIT PENSION F	PLAN			plan num	ber (PN	l)	•	003	
С	Plan sponso	or's name as s	shown on line 2a	a of Form 5500 or 5500	0-SF		D	Employer	Identific	ation	Number (E	in)	
	ALLEN GO	LDSTEIN, MD), PC						11-23	77699)		
Е	Type of plan	: X Single	Multiple-A	Multiple-B		F Prior year plan size:	X 10	00 or fewer	101-	-500	More th	an 500	
I	Part I	Basic Infor	rmation										
1		valuation dat	e: N	Month 12 Da	ay <u>31</u>	Year <u>2018</u>				1			
2	Assets:												
	a Market	value					•••••		. 2a			3254301	
	b Actuari	al value							. 2b			3254301	
3	Funding	arget/participa	ant count break	down		` '		nber of pants		sted F Targe	-unding et	(3) Total Funding Target	
	a For ret	red participan	nts and beneficia	aries receiving paymen	ıt			2			1997895	1997895	
	b For ter	minated veste	ed participants					3			193457	193457	
	c For act	ive participant	ts					0			0	0	
	d Total							5			2191352	2191352	
4	If the plai	n is in at-risk s	status, check the	e box and complete line	es (a) ar	nd (b)					·		
	a Fundin	g target disre	garding prescrib	ed at-risk assumptions	3				4a				
						sition rule for plans that h			4b				
5									5		5.28 %		
6	Target no	ormal cost							6			0	
Sta	atement by	Enrolled Actu	uary						•				
	accordance wit	h applicable law a	nd regulations. In my			edules, statements and attachme nable (taking into account the ex							
	SIGN												
	HERE										09/13/201	9	
			Signa	ature of actuary			_				Date		
	ED STEINM	ETZ									17-04803	3	
			Type or p	rint name of actuary					Most	recent	t enrollmer	nt number	
										8	45-425-85	32	
				Firm name			_	Te	lephone	numl	ber (includi	ing area code)	
	1 HILLTOP I MONSEY, N												
			Add	lress of the firm			_						
If th	e actuary ha	s not fully refl	ected any regul	ation or ruling promulg	ated und	der the statute in complet	ting t	this schedule	e, check	the b	ox and see	<u> </u>	
inst	ructions	•	. 3	J. 0		•	-						

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding I	Bala	nces						_	
	•			-				(a) C	arryover baland	e	(b) P	refundin	g balance	
7		•	•		able adjustments (line 13 f				2776	39			0	
8				•	nding requirement (line 35					0			0	
9	Amount r	emaining	g (line 7 minus line	8)					2776	39			0	
10	Interest of	n line 9 ເ	using prior year's	actual retu	rn of <u>10.23</u> %				284	02			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								0	
					a over line 38b from prior y interest rate of								0	
				-	edule SB, using prior year's								0	
return C Total available at beginning of current plan year to add to prefunding balance										0				
d Portion of (c) to be added to prefunding balance										0				
12	Other red	ductions i	n balances due to	elections	or deemed elections					0			0	
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0				
Р	Part III Funding Percentages													
14 Funding target attainment percentage											14	179.30%		
15	15 Adjusted funding target attainment percentage										15	179.30%		
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.										156.17%				
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	Part IV Contributions and Liquidity Shortfalls													
18					ar by employer(s) and emp	ploye								
(1)	a) Date) MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees		(a) Da (MM-DD-		(b) Amount employe		(c) Amount paid by employees			
		,	отпрису ст.	(-)			(,		(0)			,	
							'-4-l- b	40(h)			40(=)			
40	D: .						otals ▶	18(b)			18(c)			
19					uctions for small plan with					9 year: 19a				
	_				num required contributions					19a			0	
				-	usted to valuation date red contribution for current y					19c			0	
20			tions and liquidity		rea contribution for current y	year a	aujusteu to	valuation u	ale	130			0	
_0	•				e prior year?					L			Yes X No	
	b If line 2	20a is "Y	es," were required	quarterly	installments for the curren	t yea	ır made in	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table a	as ap	plicable:						<u>=</u>	
					Liquidity shortfall as of e	end of	f quarter of							
		(1) 1s	t		(2) 2nd			(3)	3rd		(4) 4th		

)	A = =	lana Haadi	. Datamain a	F	Fannat and Tar	N	-1 04					
	art V	-	ons Usea 1	o Determine	Funding	Target and Tar	get Norm	ai Cost					
21	Discount		1ct c	ogmont:	200	d segment:	1 2	rd segment:					
	a Segm	ent rates:	151.5	egment: 3.92%	2110	5.52%		6.29 %		N/A, full yield curve used			
	b Applic	able month (er	nter code)						21b	0			
22	Weighte	d average retir	ement age						22	73			
23	Mortality	table(s) (see	instructions)	Prior regulation	n: X	Prescribed - com	bined	Prescribed	d - separa	te Substitute			
				Current regular	tion:	Prescribed - com	bined	Prescribed	d - separa	te Substitute			
Pa	art VI	Miscellane	ous Items										
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required												
	attachment												
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment												
26	Is the pla	an required to p	provide a Sche	edule of Active Pa	articipants? If	"Yes," see instruct	ions regardir	ng required a	ıttachmen	t			
27				ding rules, enter		de and see instruc	tions regardi	ng	27				
P	art VII					ed Contributio	ns For Pri	or Years					
				•	-				28	0			
29	 Unpaid minimum required contributions for all prior years Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) 								29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								30	0			
	Part VIII Minimum Required Contribution For Current Year												
	31 Target normal cost and excess assets (see instructions):												
	a Target normal cost (line 6)												
			· · · · · · · · · · · · · · · · · · ·						31b	0			
32		ation installmen						anding Bala	nce	Installment			
	a Net sh	ortfall amortiza	ation installme	nt					0	0			
	b Waive	r amortization	installment						0	0			
33	If a waive					ne ruling letter gran waived amount			33				
34	Total fun	nding requireme	ent before refle	ecting carryover/p	orefunding ba	lances (lines 31a -	31b + 32a +	32b - 33)	34	0			
					Carryo	over balance	Pref	unding balar	nce	Total balance			
35		s elected for us		-									
36	Addition	al cash require	ment (line 34 ı	minus line 35)					36	0			
37				•		urrent year adjusted		,	37	0			
38	Present	value of exces	s contributions	for current year	(see instruction	ons)							
	a Total (excess, if any,	of line 37 over	r line 36)					38a	0			
	b Portion	n included in lir	ne 38a attribut	able to use of pre	efunding and f	unding standard ca	arryover bala	nces	38b	0			
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								39	0			
40	Unpaid r	minimum requir	red contributio	ns for all years					40	0			
Pa	rt IX	Pension	Funding R	elief Under P	ension Re	lief Act of 201	0 (See Ins	tructions	5)				
41	If an elec	ction was made	to use PRA 2	2010 funding relie	of for this plan	:							
	a Schedule elected												
	b Eligible	e plan year(s) f	for which the e	lection in line 41	a was made					08			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 section 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos 1210-0110 11210-0089

2018

This Form is Open to Public

STATE OF THE PROPERTY OF THE P	Complete all entries in	accordance with the	Instructions to the Form	5500-SF.	mapachon
Annual Report	Lidentification Information	on'ila kalangan			
or calendar plan year 2018 or fi	scal plan year beginning	01/01/20	18 and ending	12/31/2	018
This return/report is for. This return/report is.	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of particip: a foreign plan the final return/r a short plan yea	r return/report (less than I	in accordance with	g this box must attach n the form instructions.)
Check box if filing under	Form 5558 special extension (enter des	automatic extensiciption)	sion	[] DFVC	program
Basic Plan Info	rmation enter all requeste	d information			
Name of plan	, PC-DEFINED BENEFIT			1b Three-di plan num (PN) ►	
				1c Effective	
Plan sponsor's name (emplo Mailing Address (include roor City or town, state or province ALLEN GOLDSTEIN, MD	2b Employer Identification Number (EIN) 11-2377699				
	2c Sponsor's telephone number (718) 263-5193				
137-16 72ND ROAD					code (see instructions)
US FLUSHING NY 11375	d address X Same as Plan Sp				
1.42					lor's telephone number
this plan, enter the plan spons	plan sponsor or the plan name h or's name, EIN, the plan name a	as changed since the la	st return/report filed for	4b EIN	
Sponsors name Plan Name		nd the platt humbel flor	n me last returnyreport.	4d pn	
Total number of participants at	the beginning of the plan year .	************************	******************************	5a	
Total number of participants at	the end of the plan year	*********************	******************************	5b	
Number of participants with accomplete this item)	count balances as of the end of t	he plan year (only defin	ed contribution plans	5c	
Total number of active partici	pants at the beginning of the pla	nyear			
	4,75, 14, 8, -1, -16, 34, 4, 4, 4, 4, 4, 4, 4, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18			5d(1)	-
lumber of participants who terr	pants at the end of the plan year ninated employment during the p	lan year with second h	anafin that was	5d(2)	0
ess than 100% vested		territoria menterio della	onsing hat wate	50	0
ion: A penalty for the late or i	incomplete filing of this return	feport will be assesse	id unless reasonable car	use is established	
or penalties of perjury and other	penalties set forth in the instruc signed by an enrolled actuary, a	linne I declare that I ha	to acaminal this and his		
Alwhamite)		XAININ	SHULAMIN	F.6000	STDIAL
signature of plan adminis	atra 1811	Date	Enter name of individua		

Date

Signature of employer/plan sponsor

GOLDSTEIN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	Gee instructions.)					<u>x</u>	Yes No
b	Are you claiming a waiver of the annual examination and report of								_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X	Yes No
С	If you answered "No" to either line 6a or line 6b, the plan cann							r	
·	If the plan is a defined benefit plan, is it covered under the PBGC in								
(market)	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	mium filing for this yea	ar				(See in	nstructions.)
P	art III Financial Information	contract							······································
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(b) End of Yea	ır
a	Total plan assets	. 7a	4,	322,	986			3,7	72,138
b	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	. 7c	4,:	322,	986			3,7	72,138
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)				-			
	(3) Others (including rollovers)	8a(3)				-			
b	Other income (loss)	8b	(25	75,84	18)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u> </u>	(41)		207			(07	F 040)
d	Benefits paid (including direct rollovers and insurance premiums		Control of the second				**************************************	(27	5,848)
	to provide benefits)	75,0	000	160					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							4
<u>g</u> _	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					******	2	75,000
<u>!</u>	Net income (loss) (subtract line 8h from line 8c)	8i			••••••		· · · · · · · · · · · · · · · · · · ·	(55	0,848)
4	Transfers to (from) the plan (see instructions)	8j						· ·	
·	irt IV Plan Characteristics								
Уa	If the plan provides pension benefits, enter the applicable pension fe	eature codes	from the List of Plan (Chara	cterist	ic Cod	des in the	instructions:	
	1A								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	om the List of Plan Cl	haract	eristic	: Code	s in the ir	structions:	
	rt V Compliance Questions					T	· · · · · · · · · · · · · · · · · · ·		
10	During the plan year:			·	Yes	No	N/A	Amour	nt
a	Was there a failure to transmit to the plan any participant contribut								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)			40.		х			
b				10a					
	reported on line 10a.)		***************************************	10b		x			
C	Was the plan covered by a fidelity bond?		**************************	10c	х		Marie Til		500,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other	er persons by	/ an insurance						
	carrier, insurance service, or other organization that provides some			70					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan.	10e		X					
			10f		<u> </u>				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		was announced the second	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ns and 29 CFR	401					
i	If 10h was answered "Yes," check the box if you either provided the			10h					
	exceptions to providing the notice applied under 29 CFR 2520.101-	; requir e a no 3	uce or one of the	10i					

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Par	Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)							No	
118	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a							
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.)							No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions, a	nd ente	r the date	of the lett	er rulin	ıg	
	granting the waiver		Da	У	Year		F71	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ne 13.						
b	Enter the minimum required contribution for this plan year.	•••••	12b					
c	Enter the amount contributed by the employer to the plan for the plan year		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌	No 🗌	N/A		
P.S.	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************] Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*************	13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					es 🗓	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s	s) to					
13	3c(1) Name of plan(s):	13c(2) Ell	N(s)		13c(3) [PN(s)		

Actuarial Assumptions

The following were the actuarial assumptions used in determining the Plan costs for the December 31, 2018 valuation of the Plan:

- 1. The 2018 Funding Target-Combined- Mortality Table.
- 2. Interest IRC 430(h) HATFA Funding Segment Rates:

Rate 1 - 0-5 years 3.92% Rate 2 - 6-20 years 5.52% Rate 3 - over 20 years 6.29%

- Salaries were assumed to remain constant until Normal Retirement Date.
- 4. The liabilities were not discounted in advance for anticipated employee turnover.
- 5. Normal Retirement is Age 65.
- 6. A Unit Credit Cost Method as prescribed in IRC Section 430.

Plan Provisions

Eligibility An employee becomes a member of the Plan upon

completion of 12 months of service and attainment of

age 21.

Benefit 2.75% of Average Compensation for each Year of

Service. Maximum 30 Years.

Death Benefit The present value of the member's accrued benefits.

Schedule SB attachment, line 22

The weighted average retirement age was determined by calculating the arithmetic average of all the participants' estimated retirement age.

Actuarial Assumptions

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SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **Pension Benefit Guaranty Corporation**

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).

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

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

► File as an attachment to	<u>o Form 5500 or 55</u>	600-SF.		
For calendar plan year 2018 or fiscal plan year beginning 01/01/203	18	and ending	12/31/20	018
▶ Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unle	ess reasonable caus	se is established.		
A Name of plan	E	3 Three-digit		
ALLEN GOLDSTEIN, MD, PC-DEFINED BENEFIT PENSION PLAN		plan number	(PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	С	D Employer Iden	itification Nun	nber (EIN)
ALLEN GOLDSTEIN, MD, PC			2377699	,
E Type of plan: Single Multiple-A Multiple-B F Prior	r year plan size: 🗴	100 or fewer	101-500	More than 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31	Year <u>2018</u>			
2 Assets:		_		
a Market value	•••••		2a	3,254,301
b Actuarial value	•••••	•••••	2b	3,254,301
3 Funding target/participant count breakdown: (1	1) Number of participants	(2) Vested F Targe	- 1	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2	1	,997,895	1,997,895
b For terminated vested participants	3		193,457	193,457
C For active participants	0		0	C
d Total	5	2	,191,352	2,191,352
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) .				
a Funding target disregarding prescribed at-risk assumptions	_		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rat-risk status for fewer than five consecutive years and disregarding load	rule for plans that ha	ove been in	4b	
5 Effective interest rate			5	5.28 %
6 Target normal cost	•••••	•••••	6	C
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, state accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (takin combination, offer my best estimate of anticipated experience under the plan.		ience of the plan and re	easonable expecta	ations) and such other assumptions, in
HERE & Stelnmets		9/	/13/2019	9
Signature of actuary				Pate
ED STEINMETZ			17-04	
Type or print name of actuary		N	Nost recent er	nrollment number 25-8532
Firm name		Telep	hone numbe	r (including area code)
1 HILLTOP LANE				
US MONSEY NY 10952				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the instructions	e statute in completi	ing this schedule,	check the bo	ox and see

Schedule SB (Form 5500) 2018	Page 2

Pa	rt II Be	ginning of Year	Carryov	er and Prefunding Bal	ances							
						(a) (Carryover balance		(b) Prefunding balance			
7				icable adjustments (line 13 fro								0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)									0		
9	Amount rem	naining (line 7 minus l	ine 8)	• • • • • • • • • • • • • • • • • • • •			277	, 639				0
10				turn of				,402				0
11				ed to prefunding balance:								
	•			ne 38a from prior year)								0
			•	38a over line 38b from prior ye								
			-	ive interest rate of								0
	b(2) Intere	st on line 38b from pr	ior vear So	chedule SB, using prior year's	actual							<u> </u>
			-	•••••								0
	C Total ava	nilable at beginning of	current pla	an year to add to prefunding b	alance							0
	_	0 0	•	palance								0
12				ns or deemed elections				0				0
				+ line 10 + line 11d - line 12)			306	,041				0
		unding Percent	-	,								
		<u>-</u>		• • • • • • • • • • • • • • • • • • • •					•••••	14	179.3	0 %
		-		ıge						15	179.3	0 %
	Prior year's	funding percentage for	or purpose	s of determining whether carry	yover/prefu	ınding bala	ances may be used	l to redu	ice	16		
17				is loss than 70 persont of the				•••••	•••••	17	156.1	. 7 % %
				is less than 70 percent of the	lunuing ta	irget, enter	such percentage	•••••	•••••	17		70
		Contributions an		-								
18		· · · · · · · · · · · · · · · · · · ·		year by employer(s) and empl	 	Data	(b) Amount	naid by	. 1	(a) A ma	unt noid by	
(MI	(a) Date M-DD-YYYY)	(b) Amount p employer((c) Amount paid by employees	(MM-D) Date D-YYYY)	(b) Amount employe				ount paid by loyees	
					Totals	► 18(b)			18(c))		
19	Discounted	employer contributior	ıs see in	structions for small plan with a	a valuation	date after	the beginning of th	ne year:				
	a Contribut	ions allocated toward	unpaid mi	nimum required contributions	from prior	years		19a				
b Contributions made to avoid restrictions adjusted to valuation date												
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c							0					
20	Quarterly co	ontributions and liquid	ity shortfal	s:				Į				
	a Did the plan have a "funding shortfall" for the prior year?							No				
	b If line 20a	a is "Yes," were requir	ed quarter	ly installments for the current	year made	in a timel	y manner?	•••••	•••••	C	Yes 🔲	No
	C If line 20a	a is "Yes," see instruc	tions and o	complete the following table as	s applicabl	e:						
				Liquidity shortfall as of end	of quarte					· · ·		
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4	th	

Part V	Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21 Disco	unt rate:					
a Se	gment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	,	☐ N/A, full yield curve used
b Ap	plicable month	(enter code)			21b	0
22 Weigh	nted average re	etirement age			22	73
23 Morta	lity table(s) (see	e instructions) Prior regul Current re			oed - sepa bed - sepa	
Part VI	Miscellane	eous items				
24 Has a	change been r	made in the non-prescribed ac	tuarial assumptions for the curren	t plan year? If "Yes," see	e instruction	ns regarding required
attach	ment					· · · · · · · · · · · · Yes 🗶 No
25 Has a	method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required atta	chment .	Yes 🗓 No
26 Is the	plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachme	nt
27 If the	plan is subject	to alternative funding rules, en	ter applicable code and see instru	ctions regarding	27	
attach	ment				21	
Part VII	Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years		
28 Unpai	d minimum req	quired contributions for all prior	years		28	
			d unpaid minimum required contrib	. ,	29	
			ntributions (line 28 minus line 29)		30	
Part VIII	Minimum	Required Contribution	For Current Year			
31 Targe	t normal cost a	and excess assets (see instruct	tions):			
					31a	
			line 31a		31b	0
	tization installm			Outstanding Bala		Installment
-						
			nter the date of the ruling letter gra	nting the approval		
) and the waived amount .		33	
34 Total f	funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding Bala	ance	Total balance
		use to offset funding				
36 Additi	onal cash requi	irement (line 34 minus line 35)			36	C
37 Contri	ibutions allocate	ed toward minimum required c	ontribution for current year adjuste	ed to valuation date	37	0
		ess contributions for current ye				
					38a	
	-		prefunding and funding standard of		38b	0
			ear (excess, if any, of line 36 over	-	39	0
		· · · · · · · · · · · · · · · · · · ·	S	·	40	0
Part IX			Pension Relief Act of 2010			
				(See matractions)	,	
		de to use PRA 2010 funding re	<u> </u>			
a Sch	edule elected .			• • • • • • • • • • •	• • • • _	2 plus 7 years 15 years
b Flig	ible plan vear(s	s) for which the election in line	41a was made		. 🗆 200	08