Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018											
A This re	turn/report is for:	a single-employer plan		blan (not multiemployer) (mployer information in ac		=					
		a one-participant plan	a foreign plan			,					
B This ret	This return/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 prog	yram					
Don't II	Dania Blan Info	special extension (enter desc	1 /								
Part II		ormation—enter all requested in	formation		T						
1a Name STEPHEN J	of plan J. SASSOON DEFINE	D BENEFIT PLAN			1b Three-d plan nu (PN) ▶	mber					
					1c Effective	e date of plan 01/01/2015					
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0	D. Box)		2b Employe (EIN)	er Identification Number 81-2636866					
City or		ce, country, and ZIP or foreign post		tructions)	2c Sponsor's telephone number						
					2d Busines	212-682-3454 ss code (see instructions)					
ONE WOOD	OCREST DRIVE PTON, NY 11937				541110						
LAST HAME	- 10N, N1 11937										
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Adminis	trator's EIN					
					3c Adminis	strator's telephone number					
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN	_					
	sor's name	,,,			4d PN						
C Plan N	Name										
5a Total	number of participants	at the beginning of the plan year.			5a	1					
b Total	number of participants	at the end of the plan year			5b	1					
		account balances as of the end of			5c						
d(1) Total number of active participants at the beginning of the plan year						1					
		articipants at the end of the plan ye			5d(2)						
than	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested										
		or incomplete filing of this retur									
SB or Sche		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	10/01/2019	STEPHEN J. SASSO	ON						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as	plan administrator					
SIGN	Filed with authorized	I/valid electronic signature.	10/01/2019	STEPHEN J. SASSO	ON						
HERE	Signature of emplo	over/nlan enoneor	Date	Enter name of individ	ual signing as employer or plan sponsor						

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

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No	
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th					_		(See instructions.)	
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
	Total plan assets	7a		79237			(8) Em	443814	
	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7с	2	79237				443814	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	70043					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-5466					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						164577	
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							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						164577	
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	des from the List of Plant	an Chai	racteri	stic Co	des in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
				10c	X			30000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Χ		00000	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х			
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	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

Form 5500-SF (2018)	Page 3 -	1

Part	VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year									
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
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)										
е	Yes	No	N/A							
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	ig 12/3	31/2018			
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasona	ble cause is establishe	d.				
Α	Name of plan STEPHEN J. SASSOON DEFINED BENEFIT PLAN	B Three-di plan num	git	I) •	002		
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STEPHEN J. SASSOON PLLC	D Employer	Identific 81-26	ation Number (E 36866	EIN)		
Е	Type of plan: X Single Multiple-A Multiple-B F Prior year plan	size: X 100 or fewer	101-	-500 More th	an 500		
F	Part I Basic Information	<u> </u>		<u>L-1</u>			
1	Enter the valuation date: Month 12 Day 31 Year 201	8					
2	Assets:						
	a Market value		. 2a		273771		
	b Actuarial value		. 2b		273771		
3	Funding target/participant count breakdown	(1) Number of participants	` '	sted Funding Target	(3) Total Funding Target		
	a For retired participants and beneficiaries receiving payment	0		0	0		
	b For terminated vested participants	0		0	0		
	C For active participants	1	218687		218687		
	d Total	1		218687	218687		
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 rule for plans at-risk status for fewer than five consecutive years and disregarding loading factor		4b				
5	Effective interest rate		5		6.29 %		
6	Target normal cost		6		72896		
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account combination, offer my best estimate of anticipated experience under the plan.						
	HERE			09/14/201	9		
	Signature of actuary			Date			
	MICHAEL B. MCELLIGOTT		17-02758				
N	Type or print name of actuary MICHAEL B. MCELLIGOTT		Most recent enrollment number 978-987-4418				
5	Firm name 500 OCEAN STREET, UNIT 133 HYANNIS, MA 02601	Τε	elephone	number (includ	ing area code)		
	Address of the firm						
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in contractions	completing this schedul	e, check	the box and see	e []		

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alance	s						_
	(a) Carryover balance (b) Prefunding b							ng balance					
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)									0			
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)									0			
9	Amount r	emaining	g (line 7 minus line	8)						0			0
10	Interest o	n line 9 ເ	using prior year's	actual retui	rn of <u>14.00</u> %					0			0
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
	a Presen	t value o	f excess contribut	ions (line 3	88a from prior year)								30259
					over line 38b from prior ye interest rate of 6.48								0
				-	dule SB, using prior year's								0
					r to add to prefunding baland								30259
	d Portion	of (c) to	be added to prefu	unding bala	ance								0
12	Other rec	luctions i	n halancos duo to	oloctions	or deemed elections					0			0
					ine 10 + line 11d – line 12)					0			0
	Part III		ding Percenta		me 10 1 me 11a – me 12)					0			<u> </u>
		•										14	125.18%
												15	149.78%
					of determining whether carr								143.7070
					gg							16	195.77%
17	If the curi	ent value	e of the assets of	the plan is	less than 70 percent of the	funding	target,	enter suc	ch percentage			17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ar by employer(s) and emp	_							
(1)	(a) Date MM-DD-YY	; ′YY)	(b) Amount p employer		(c) Amount paid by employees		(a) Dat I-DD-Y		(b) Amour		(0	Amouı) emplo	nt paid by ovees
	9/11/2019		- 1 - 27 -	170043	0			,		<i>y</i> - (- <i>y</i>			
						Totals	>	18(b)		1700	43 18(c)		0
19	Discounte	ed emplo	yer contributions	– see instr	uctions for small plan with a	a valuatio	n date	after the	beginning of t	he year:			
	a Contrib	outions a	llocated toward ur	npaid minin	num required contributions	from pric	r years	S		19a			0
b Contributions made to avoid restrictions adjusted to valuation date							0						
					red contribution for current ye	ear adjust	ed to va	aluation d	ate	19c			162976
20	-		tions and liquidity ve a "funding sho		e prior year?								Yes X No
	b If line 2	20a is "Y	es," were required	l quarterly i	installments for the current	year ma	de in a	timely ma	anner?				Yes No
	C If line 2	20a is "Y	es," see instruction	ns and con	nplete the following table as	s applica	ole:	-					
					Liquidity shortfall as of er			his plan y	year				
		(1) 1s	t		(2) 2nd			(3)	3rd			(4) 4th	

art V Assumptions Used to Determine Funding Target and Target Normal Cost		
Discount rate:		
		N/A, full yield curve used
b Applicable month (enter code)	21b	0
Weighted average retirement age	. 22	62
	ed - separa	te Substitute
Current regulation: Prescribed - combined Prescrib	ad - sanara	te Substitute
· · · · · · · · · · · · · · · · · · ·	- Зорага	te oubstitute
rt VI Miscellaneous Items		
Has a method change been made for the current plan year? If "Yes," see instructions regarding required attack	hment	Yes X No
Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required	attachmer	ıt
If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	
art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	;	
Unpaid minimum required contributions for all prior years	28	0
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years	29	0
Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
nrt VIII Minimum Required Contribution For Current Year		
Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	72896
b Excess assets, if applicable, but not greater than line 31a	. 31b	55084
Amortization installments: Outstanding Ba	ance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
	. 33	
Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	. 34	17812
Carryover balance Prefunding bala	ince	Total balance
Balances elected for use to offset funding requirement		0
Additional cash requirement (line 34 minus line 35)	36	17812
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line	37	162976
,		
· ` ` ` ` · · · · · · · · · · · · · · ·	38a	145164
·	38b	0
	39	0
Unpaid minimum required contributions for all years	. 40	0
t IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instruction	s)	
If an election was made to use PRA 2010 funding relief for this plan:		
	<u></u> Г	2 plus 7 years 15 years
b Eligible plan year(s) for which the election in line 41a was made		008
	Discount rate: a Segment rates: 1st segment: 3.92% b Applicable month (enter code). Weighted average retirement age Mortality table(s) (see instructions) Prior regulation: Current regulation: Prescribed - combined Prescribed Prescribed - combined Prescribed rate VI Miscellaneous Items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see attachment. Has a method change been made for the current plan year? If "Yes," see instructions regarding required is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. art VII Reconcilitation of Unpaid Minimum Required Contributions For Prior Years Unpaid minimum required contributions for all prior years Unpaid minimum required contributions allocated toward unpaid minimum required contributions from prior years United 184 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) Become and the prior years (line 194) Becomes assets (see instructions): a Target normal cost (line 6) b Excess assets, if applicable, but not greater than line 31a Amortization installments: Outstanding Bail a Net shortfall amortization installment b Walver amortization installment Carryover balance Prefunding bails Balances elected for use to offset funding requirement Additional cash requirement (line 34 minus line 35). Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 196). D Portion included in line 38a attributable to use of prefunding and funding standard carryover balances Unpaid minimum required contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36) D Portion included in line 38a attributable to use of prefunding and funding standard carryover balances Unpaid minimum required contributions for all years. A	Discount rate: a Segment rates: 1st segment: 382% S.52% S.52% S.29% b Applicable month (enter code)

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002

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

Valuation Date: 12/31/2018

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

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

Retrospective Compensation - Highest 3 consecutive years of 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) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.50
Segment 2	6 - 20	3.92
Segment 3	> 20	4.50

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

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -18C - 2018 Combined

> Cost of Living -None

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5% Lump Sum -

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

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

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 -7.5% 7.5% Post-Retirement - Interest -

> Mortality Table -Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Not tested As Single Plan

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

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 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 Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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

For calendar plan year 2018 of	or fiscal plan year beginning	01/01/2018	and ending	12/31/2	018			
A This return/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a					
	a one-participant plan a foreign plan							
B This return/report is	the first return/report	the final return/repo	rt					
	an amended return/report	a short plan year re	turn/report (less than 12 m	onths)				
C Check box if filing under:	X Form 5558	automatic extensio	n	DFVC program	m			
Particular de la companya de la comp	special extension (enter des							
	nformation—enter all requested i	nformation		145				
1a Name of plan STEPHEN J. SASS	SOON DEFINED BENEFIT P	LAN		1b Three-digir plan numb				
				1c Effective d				
Mailing address (include	nployer, if for a single-employer plan room, apt., suite no. and street, or P	O. Box)		2b Employer	Identification Number 2636866			
City or town, state or pro STEPHEN J. SASS	vince, country, and ZIP or foreign po	stal code (if foreign, see in	nstructions)	2c Sponsor's 212-68	telephone number 2 - 3 4 5 4			
One Woodcrest I	rive			2d Business	code (see instructions)			
East Hampton	NY 119	37		541110				
3a Plan administrator's nam	e and address X Same as Plan Sp	onsor.		3b Administra	itor's EIN			
			u	3c Administra	ator's telephone number			
4 If the name and/or EIN o	of the plan sponsor or the plan name	has changed since the la	st return/report filed for	4b EIN	······································			
Summer and seed that the seed of the seed	sponsor's name, EIN, the plan name	and the plan number from	m the last return/report.	4d PN				
a Sponsor's пате с Plan Name								
5a Total number of participation	ants at the beginning of the plan year	•		5a	1			
b Total number of participation	ants at the end of the plan year			5b	1			
C Number of participants of complete this item)	vith account balances as of the end o	of the plan year (only defin	ned contribution plans	5c				
d(1) Total number of active	e participants at the beginning of the	plan year		5d(1)	1			
d(2) Total number of activ	e participants at the end of the plan y	ear		. 5d(2)	1			
e Number of participants than 100% vested	5e	0						
Caution: A penalty for the I	ate or incomplete filing of this retu	irn/report will be assess	ed unless reasonable ca	use is establish	ed.			
Under penalties of perjury an SB or Schedule MB complete belief, it is true, correct, and	d other penalties set forth in the instr ed and signed by an enrolled actuary complete)	actions, I declare that I ha , as well as the electronic	version of this return/repo	eport, including, if irt, and to the best	applicable, a Schedule t of my knowledge and			
SIGN SIGN	\sim	colul (1	Stephen J. Sa	ssoon				
HERE	an administrator	Date	Enter name of indivi	dual signing as pla	an administrator			
SIGN	~~	ululus	Stephen J. Sa	assoon				
HERE Signature of er	nployer/plan sponsor	Date	Enter name of indivi	dual signing as en	nployer or plan sponsor			

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

62	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions)					X Yes No	
	 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 an independent qualified public accountant (IQPA) 								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cann					_			
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	. —	_	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See instructions.)	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a	,, ,	279,			1	443,814	
b	Total plan liabilities	7b			0			C	
С	Net plan assets (subtract line 7b from line 7a)	7c		279,	237			443,814	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:			170	0.43				
	(1) Employers	8a(1)		170,	043				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		-5,	466				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						164,577	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
a	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						C	
÷	Net income (loss) (subtract line 8h from line 8c)	8i						164,577	
÷	Transfers to (from) the plan (see instructions)							, ,	
Po	t IV Plan Characteristics	8j							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	ides from the List of Pl	an Chai	racteri	stic Co	ndes in the in	structions:	
ou	1A 3B 3D	Todiui o oc	add from the Liet of F	an Ona	aoton			structionic.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	cteris	tic Coc	les in the inst	ructions:	
Par						ī	1		
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest					37			
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			30,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
						X			
g	If this is an individual account plan, was there a blackout period?			10g					
	2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the potice applied under 20 CER 2520.10	•		10i					
-	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		IUI					

	Form 5500-SF (2018)		Page 3 -					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding require (Form 5500) and line 11a below)						X Y	Yes No
11a	Enter the unpaid minimum required contributions for all years fr	om Schedule SB (Fo	rm 5500) line 40		11a		0	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?							. 🗆 `	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel	ow, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is b granting the waiver.				l enter t _ Day		of the lette Year _	
If	you completed line 12a, complete lines 3, 9, and 10 of Sched	lule 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. Ennegative amount)	,	9	t of a	12d			
е	Will the minimum funding amount reported on line 12d be met b	by the funding deadling	ne?			Yes	No	N/A

Part V	Plan Terminations and Transfers of Assets				
13a	las a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	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	
	f, 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.) to			

c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachment to For	m 5500 or 5500-SF.			
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	g	12/31/20)18
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cause is established	d.		
A Name of plan	B Three-dig	git		
STEPHEN J. SASSOON DEFINED BENEFIT PLAN	plan num	ber (PN) •	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (E	EIN)
			(,
STEPHEN J. SASSOON PLLC	81-263	6866		
E Type of plan: X Single Multiple-A Multiple-B F Prior year p	olan size: X 100 or fewer	101-	500 More th	an 500
Part I Basic Information				
	2018			
2 Assets:				
a Market value		2a		273,771
b Actuarial value		2b		273,771
3 Funding target/participant count breakdown	(1) Number of		sted Funding	(3) Total Funding
	participants		Target	Target
a For retired participants and beneficiaries receiving payment	_		0	0
b For terminated vested participants			0	0
C For active participants			218,687	218,687
d Total	1		218,687	218,687
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 rule for p		4b		
at-risk status for fewer than five consecutive years and disregarding loading factors. 5 Effective interest rate		5		6.29%
5 Effective interest rate		6	+	72,896
Statement by Enrolled Actuary		0		72,090
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements				
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.	eccount the experience of the plan a	nd reasona	able expectations) and	such other assumptions, in
SIGN				
HERE			09/14/20	19
Signature of actuary			Date	
Michael B. McElligott			1702758	3
Type or print name of actuary		Most	recent enrollmer	nt number
Michael B. McElligott			978-987-4	418
Firm name	Te	lephone	number (includ	ing area code)
500 Ocean Street, Unit 133				
Hyannis MA 02601				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedule	check	the hox and see	<u>, </u>
instructions	in completing this schedule	, oneck	box and see	<u> </u>

Pad	е	2	-	

P	art II	Begir	ning of Year	Carryova	er and Prefunding Ba	lances						
•	artii	Degii	ining or rear	Oarryove	or and reconding ba		(a) C	arryover balance	9	(b) Pi	refundi	ng balance
7		-	•		ble adjustments (line 13 fror				0			0
8					ding requirement (line 35 fro				0			0
9									0			0
10					n of <u>14.00</u> %				0			0
11	Prior yea	ar's exces	ss contributions to	be added to	prefunding balance:							
				`	8a from prior year)	_						30,259
					over line 38b from prior year interest rate of6.48%							
					dule SB, using prior year's a							0
												0
	_		0 0	. ,	to add to prefunding balance							30,259
	d Portio	n of (c) to	be added to prefu	unding bala	nce							0
					or deemed elections				0			0
13	Balance				ne 10 + line 11d – line 12)				0			0
	Part III		ding Percenta									105.10
											14	125.18%
15 16					f determining whether carry					urrent	15	149.78%
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce year's funding requirement										16	195.77%
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											%
	Part IV		tributions and		•							
18	Contribu (a) Dat		de to the plan for the (b) Amount p		r by employer(s) and employer(s) Amount paid by	yees: (a) D	oto	(b) Amount p	anid by	(c)	Λmou	nt paid by
(1	MM-DD-Y		employer		employees	(MM-DD-		employe		(c) Amount paid by employees		
0	9/11/2	019	1	70,043	0							
						Totals ▶	18(b)	1	70,043	18(c)		0
19	Discount	ted emplo	yer contributions	– see instru	ections for small plan with a v	aluation dat	e after the	beginning of the	year:			
	a Contri	butions a	llocated toward ur	paid minim	um required contributions fr	om prior yea	ırs		19a			0
				-	sted to valuation date			-	19b			0
					ed contribution for current yea	r adjusted to	valuation da	ate	19c			162,976
20			itions and liquidity		nrior voor?							Voc 😾 No
								Yes X No				
			·		plete the following table as a		a umeny ma	aiiiici :				1 G9 INO
	C II IIIIe	200 IS Y	es, see mstruction	is and COM	Liquidity shortfall as of end		f this plan y	/ear				
		(1) 1s	t		(2) 2nd			3rd		(-	4) 4th	1

P	art V	Assumpti	ons Used to Dete	rmine Fundir	ng Target and Tar	get Norma	al Cost		
21	Discount	t rate:							
	a Segm	ent rates:	1st segment: 3.92 %		2nd segment: 5.52 %	3r	d segment: 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	62
23	Mortality	table(s) (see	instructions) Prior re	gulation:	Prescribed - com	bined	Prescribed	l - separat	e Substitute
	·	, , ,	Curren	t regulation:	X Prescribed - com	hined	Prescribed	l - sanarat	e Substitute
P	art VI	Miscellane		r rogulation.	<u> </u>		1 100011000	Coparat	
			ade in the non-prescribe	ad actuarial assum	nntions for the current i	nlan vear? If	"Ves " see ii	netructions	s regarding required
		-				-			
25	Has a m	ethod change	been made for the curr	ent plan year? If	"Yes," see instructions	regarding req	uired attach	ment	Yes X No
26	Is the pla	an required to p	provide a Schedule of A	Active Participants	s? If "Yes," see instruct	ions regardin	g required a	ttachment	t
27		•	alternative funding rule			tions regardin	g	27	
P	art VII	Reconcili	ation of Unpaid M	linimum Rea	uired Contribution	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) 								0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								0
Pa	art VIII	Minimum	Required Contrib	ution For Cu	rrent Year			1	
31			d excess assets (see in						
			ne 6)					31a	72,896
-	b Exces	s assets, if app	olicable, but not greater	than line 31a				31b	55,084
32	Amortiza	ation installmer	nts:			Outsta	anding Bala	nce	Installment
	a Net sh	ortfall amortiza	ation installment					0	0
	b Waive	r amortization	installment					0	0
33			oproved for this plan year					33	
34	Total fun	nding requireme	ent before reflecting ca	rryover/prefunding	g balances (lines 31a -	31b + 32a + 3	32b - 33)	34	17,812
				Ca	arryover balance	Prefu	nding balar	ice	Total balance
35			se to offset funding						0
36	Addition	al cash require	ment (line 34 minus line	e 35)				36	17,812
37	Contribu	tions allocated	toward minimum requi	red contribution fo	or current year adjusted	to valuation	date (line	37	162,976
38			s contributions for curre						
				, ,	· · · · · · · · · · · · · · · · · · ·			38a	145,164
	a Total (excess, if any, of line 37 over line 36)b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							38b	0
39									0
40			red contributions for all		•			40	0
Pa	rt IX	Pension	Funding Relief U	nder Pension	Relief Act of 201	0 (See Ins	tructions)	
41	If an elec	tion was made	e to use PRA 2010 fund	ling relief for this p	olan:				
								Г	2 plus 7 years 15 years
									08 2009 2010 2011

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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

► File as an attachme	THE LO POINT 3500 OF 3			Name of the second seco	
For calendar plan year 2018 or fiscal plan year beginning 01/01,	/2018	and ending	12/31/20	18	
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable ca	use is established			
A Name of plan		B Three-digit			
STEPHEN J. SASSOON DEFINED BENEFIT PLAN		plan numbe	er (PN)	002	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	ntification Num	pher (FIN)	
		2 7		iber (Lift)	
STEPHEN J. SASSOON PLLC		81	-2636866		
E Type of plan: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer	1101-500	More than 500	
	Filor year plant size.[2	I 100 of lewer]101-300 [Word than ood	
Part I Basic Information					
1 Enter the valuation date: Month 12 Day 31	Year 2018		THE REAL PROPERTY.	Kom are all Visconians and Indian	
2 Assets:		г	2-04211		
a Market value			2a	273,771	
b Actuarial value			2b	273,771	
3 Funding target/participant count breakdown:	(1) Number of	(2) Vested		(3) Total Funding	
	participants	Targ	et	Target	
a For retired participants and beneficiaries receiving payment	0		0	0	
	0		0	0	
b For terminated vested participants	1		218,687	218,687	
C For active participants	1		218,687 218,68		
4 If the plan is in at-risk status, check the box and complete lines (a) and			76.1.20	CASA- GEVERNING TO SERVICE STATE OF THE SERVICE STA	
a Funding target disregarding prescribed at-risk assumptions		1	4a	ARTINITE SHE TOPS TO	
			40		
b Funding target reflecting at-risk assumptions, but disregarding transi at-risk status for fewer than five consecutive years and disregardi			4b		
5 Effective interest rate			5	6.29 %	
6 Target normal cost			6	72,896	
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying schedul	es, statements and attachme	nts, if any, is complete a	and accurate. Each	presribed assumption was applied in	
accordance with applicable law and regulations. In my opinion, each other assumption is reasonab combination, offer my best estimate of anticipated experience under the plan.	ie (taking into account the ex	perience of the plan and	reasonable expec	ations) and such other assumptions, in	
SIGN DOG OF COL	1				
HERE What B M Ellia	1		09/1	4/2019	
Signature of actuary				Date	
MICHAEL B. MCELLIGOTT)		17-0		
Type or print name of actuary		-		nrollment number	
MICHAEL B. MCELLIGOTT			AND DOWNSON	87-4418	
Firm name		lenhone numbe	er (including area code)		
500 OCEAN STREET, UNIT 133		10	cprioric ridirio	or (mordaling area code)	
ood committee of the sound of t					
US HYANNIS MA 02601		_			
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated und	der the statute in comp	pleting this schedu	ile, check the b	oox and see	

_
Page 2
,

Schedule SE	(Form	5500)	2018

Pai	rt II Beg	inning of Year (Carryove	er and Prefunding Bala	nces						_
						(a) Ca	rryover balance		(b) Pr	efundin	g balance
7				cable adjustments (line 13 from				0			0
8	The second second	the state of the s		unding requirement (line 35 fro							
								0			0
_ 9								0			0
				urn of <u>14.00</u> %		- 100		0	W. C. C.		0
11	Prior year's ex	cess contributions to	be added	to prefunding balance:	1						195 THE 186
	a Present va	lue of excess contrib	outions (line	e 38a from prior year)							30,259
			ent :-	Ba over line 38b from prior year we interest rate of6.48							
	b(2) Interest	on line 38b from price	or year Sch	nedule SB, using prior year's a	ectual						
	return										0
	C Total avail	able at beginning of	current pla	n year to add to prefunding ba	lance .			the Control			30,259
	d Portion of	(c) to be added to pro	efunding b	alance		PANE		evision			0
12	Other reduction	ons in balances due	to election	s or deemed elections				0			0
13	Balance at be	eginning of current ye	ear (line 9 -	line 10 + line 11d - line 12) .				0			0
P	art III Fu	unding Percenta	nges								
ST STATES										14	125.18 %
5405				ge							149.78 %
	Prior year's fu	unding percentage fo	r purposes	of determining whether carry	over/prefu	inding balan	ces may be used t	o reduc	ce	16	
47				is less than 70 percent of the						17	195.77 %
	Marine Programme		T. T. T. CO.		iuliuliig te	iget, enter s	deli percentage			.,	70
		ontributions an									
18				year by employer(s) and employer		Deta	(b) Amount	ald by		a) Ama	unt poid by
(N	(a) Date IM-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount p employer				unt paid by oyees
09	/11/2019	1	70,043								
					Totals	► 18(b)	9	170,0	43 18(c)		0
19	Discounted e	employer contribution	s see in:	structions for small plan with a	valuation	date after t					
				nimum required contributions			_	19a			(
			VCC-4::-V-06/4 16:01/1	adjusted to valuation date				19b			
				required contribution for curre				19c			162,970
20	Se granayant route ou	ntributions and liquid	INCOME THE SECTION OF		jour ut	,					
	-14-54-5-12-12-12-12-12-12-12-12-12-12-12-12-12-			the prior year?						Г	Yes X No
				ly installments for the current						_	Yes No
				complete the following table as			A STATE OF THE STA	ſ		and the said	
	o ii iiiie 20a	is res, see instruc	dons and (Liquidity shortfall as of end			vear				1 1 1 1 1
	(1)	1st		(2) 2nd	7. 400.10		3rd			(4) 41	th

Part V As	sumptions Used T	o Determine Fu	nding Target and Targe	et Normal Cost			
21 Discount ra	ite:			a			
a Segme		egment: 92 %	2nd segment: 5.52 %	3rd segment: 6.29 %		N/A, full yield curve us	sed
b Applica	ole month (enter code) .				21b	0	
Tarifaction 1					22		62
23 Mortality ta	ble(s) (see instructions)	Prior regulation Current regulat			ed - separat ed - separat	T-10	
Part VI Mi	scellaneous items						
24 Has a cha	nge been made in the no	n-prescribed actuari	al assumptions for the current	plan year? If "Yes," see	instructions	regarding required	
attachmen	t				*****	Yes 🗵	No
25 Has a met	nod change been made	for the current plan y	ear? If "Yes," see instructions	regarding required attac	hment	Yes 🛚] No
26 Is the plan	required to provide a Sc	hedule of Active Par	ticipants? If "Yes," see instruct	tions regarding required	attachment	Yes 🗓	No
a ^r	-7)		pplicable code and see instruc	877 177	27		
CARREST TO THE			Required Contributions				
			s		28		0
			paid minimum required contrib				
					29		0
30 Remaining	amount of unpaid minin	num required contrib	utions (line 28 minus line 29) .		30		0
Part VIII M	inimum Required	Contribution Fo	r Current Year				
31 Target nor	mal cost and excess ass	sets (see instructions):				
a Target r	ormal cost (line 6)		******		31a	7:	2,896
b Excess	assets, if applicable, but	not greater than line	31a		31b	5.	5,084
32 Amortizati	on installments:			Outstanding Bala	nce	Installment	
a Net sho	tfall amortization installn	nent			0		0
b Waiver	amortization installment		******		0		0
33 If a waiver (Month	reconstruction of the second s	CONTRACTOR OF THE PROPERTY OF	the date of the ruling letter gran	CONTRACTOR CONTRACTOR CONTRACTOR	33		
34 Total fund	ng requirement before re	flecting carryover/pre	funding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	1	7,812
			Carryover balance	Prefunding Bala	nce	Total balance	
	elected for use to offset		0		0		0
36 Additional	cash requirement (line 3	34 minus line 35) .			36	1	7,812
			ibution for current year adjuste		37		2,976
	alue of excess contribution						
		1000			38a	14	5,164
			unding and funding standard of		38b		C
			(excess, if any, of line 36 over		39		
					40		(
			sion Relief Act of 2010)		
OWNERS HAVE A	on was made to use PRA			A second	·		
						2 plus 7 years 15 ye	are
					A		
b Eligible	plan year(s) for which the	e election in line 41a	was made		. 1 12008	8 120091 12010 120	11

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002

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

Employer: STEPHEN J. SASSOON PLLC

Type of Entity - Sole-Proprietorship

EIN: 81-2636866 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2015 Year end - 12/31/2018 Valuation - 12/31/2018

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 - 500 Vesting - 1000

Plan Entry - Anniversary date nearest eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 3 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 - Derived from the unit credit benefit formula below:

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

Accrued Benefit - Unit credit based on service

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) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

Top Heavy Minimum: None

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> 100% Vested immediately

Service is calculated using all years of service

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 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 - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002

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

Valuation Date: 12/31/2018

As prescribed in IRC Section 430 Funding Method:

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

Retrospective Compensation - Highest 3 consecutive years of 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) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.50
Segment 2	6 - 20	3.92
Segment 3	> 20	4.50

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

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -18C - 2018 Combined

> Cost of Living -None

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5% Lump Sum -

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

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

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 -7.5% 7.5% Post-Retirement - Interest -

> Mortality Table -Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Not tested As Single Plan

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

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

STEPHEN J. SASSOON DEFINED BENEFIT PLAN 81-2636866 / 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

Schedule SB, line 19 - Discounted Employer Contributions

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002

For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 12/31/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/11/2019	\$170,043					
Applied to Additional Contribution	12/31/2018	151,459	145,164	0	0	6.29	0
Applied to MRC	12/31/2018	18,584	17,812	0	0	6.29	0
Totals for Deposited Contribution		\$170,043	\$162,976	\$0	\$0		

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

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002 For the plan year 01/01/2018 through 12/31/2018

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

SCHEDULE SB (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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

	File as an attachme	nt to Form 5500 or 5					
For calendar plan year 2018 or fiscal plan	n year beginning 01/01/	2018	and ending	12/31/2	2018		
▶ Round off amounts to nearest dolla	ır.						
► Caution: A penalty of \$1,000 will be a	issessed for late filing of this report	unless reasonable cau	use is established				
A Name of plan			B Three-digit				
STEPHEN J. SASSOON DEFINED I	BENEFIT PLAN	plan numbe	er (PN)	>	002		
C Plan sponsor's name as shown on line	22 of Form 6500 or 6500 SE		D Employer Ide	ntification Nu	ımher (FI	N)	
AND IN COURTS SHEETINGSCOOL FRANCE OF SINGLE	24 01 F0111 5500 01 5500-5F				miber (Li	14)	
STEPHEN J. SASSOON PLLC			81	-2636866			
E Type of plan: Single Multiple-	A Multiple-B	Prior year plan size:	100 or fewer	1101-500 F	7 More ti	han 500	
WENTER MAIN	1 Multiple-B	Filor year plant size.	100 of lewer	_101-300 <u></u> _	_ wore a	ilaii ooo	
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day 31	Year 2018	-	Foreign Co.	III.	Salvin Sa	
2 Assets:			г	7-047			
				2a		273,771	
b Actuarial value				2b		273,771	
3 Funding target/participant count bre	eakdown:	(1) Number of	(2) Vested		((3) Total Funding	
		participants	Targ	jet		Target	
a For retired participants and benef	ficiaries receiving payment	0)	0	
		0		(0	
b For terminated vested participant		1		218,687		218,687	
C For active participants		1		218,68	687 218,68		
4 If the plan is in at-risk status, check	k the box and complete lines (a) and				FI ALSO	SEVERAL RESIDENCE	
	cribed at-risk assumptions		1	4a		The spirit Property Washington	
				4a			
	assumptions, but disregarding transitive consecutive years and disregarding			4b			
				5	6.29 %		
				6	72,896		
Statement by Enrolled Actuary						- 727000	
To the best of my knowledge, the information suppli	ed in this schedule and accompanying schedule	es, statements and attachmen	nts, if any, is complete a	and accurate. Eac	ch presribed	assumption was applied in	
accordance with applicable law and regulations. In combination, offer my best estimate of anticipated e	my opinion, each other assumption is reasonable experience under the plan.	le (taking into account the ex	perience of the plan and	reasonable exp	ectations) ar	id such other assumptions, in	
SIGN O - 1	- O- ann-	14					
HERE What	RO Me Ellian	1		09/	14/201	9	
Si	gnature of actuary				Date		
MICHAEL B. MCELL	• \ \			17-	02758		
Туре о	-	Most recent		nt number			
MICHAEL B. MCELL			987-44				
	Firm name		Т_			ding area code)	
500 OCEAN STREET			16	iephone num	Der (moid	uling area code)	
500 OCEAN STREET	, 01111 100						
US HYANNIS	MA 02601		_				
,	Address of the firm						
If the actuary has not fully reflected any	regulation or ruling promulgated und	ler the statute in comp	pleting this schedu	ile, check the	box and	see	
instructions						2	

_
Page 2
,

Schedule SE	3 (Form	5500)	2018

Pai	rt II Beg	inning of Year (Carryove	er and Prefunding Bala	nces						_
						(a) Ca	rryover balance		(b) Pr	efundin	g balance
7				cable adjustments (line 13 from				0			0
8	The second second	CAN ADDRESS AND ADDRESS OF THE DESCRIPTION OF THE		unding requirement (line 35 fr							
								0			0
9								0			0
				urn of14.00%		- 1m 1-2, 12 13		0	ADECUMENT OF STREET		0
11	C mon where to be a			to prefunding balance:						100	PART THE DE
				e 38a from prior year)	- 1						30,259
			eat	8a over line 38b from prior year ve interest rate of6.48							0
	b(2) Interest	on line 38b from pri	or year Scl	hedule SB, using prior year's a	ectual						
	return										0
	C Total avail	able at beginning of	current pla	n year to add to prefunding ba	lance .						30,259
	d Portion of	(c) to be added to pr	efunding b	alance				even.			0
12	Other reduction	ons in balances due	to election	s or deemed elections				0			0
13	Balance at be	eginning of current ye	ear (line 9 -	+ line 10 + line 11d - line 12) .				0			0
Pa	rt III Fu	unding Percenta	iges								
ST CYTHA										14	125.18 %
5100				ge						15	149.78 %
	Prior year's fu	unding percentage fo	r purposes	s of determining whether carry	over/prefu	ınding balan	ces may be used t	to reduc	e	16	195.77 %
17	If the current	value of the assets of	of the plan	is less than 70 percent of the	funding ta	rget, enter s	such percentage			17	%
P:	art IV C	ontributions an	d Liquid	lity Shortfalls					<u> </u>		
	LILL WATER			year by employer(s) and employer	ovees:						
	(a) Date	(b) Amount pa		(c) Amount paid by		Date	(b) Amount p	paid by	(c) Amo	unt paid by
	M-DD-YYYY)	employer(employees	(MM-D	D-YYYY)	employer	(s)		empl	oyees
09	/11/2019	1	70,043								
							-				
									_		
No.						ne Parennes					
			通常 不要		Totals	► 18(b)		170,0	43 18(c)		0
19	Discounted e	employer contribution	s see in	structions for small plan with a	valuation	date after t	he beginning of the	e year:			
	a Contribution	ons allocated toward	unpaid mi	nimum required contributions	from prior	years		19a			(
	b Contribution	ons made to avoid re	strictions	adjusted to valuation date				19b			(
	c Contribution	ons allocated toward	minimum	required contribution for curre	nt year ac	justed to va	luation date	19c			162,97
20	Quarterly cor	ntributions and liquid	ity shortfal	ls:							
	a Did the pla	an have a "funding s	nortfall" for	the prior year?						[Yes X No
	b If line 20a	is "Yes," were requi	red quarter	rly installments for the current	year mad	e in a timely	manner?			[Yes No
	c If line 20a	is "Yes," see instruc	tions and	complete the following table a	s applicab	le:					
				Liquidity shortfall as of end			year				
_	(1)	1st		(2) 2nd		(3)	3rd	-		(4) 41	th

Pa	rt V Assumption	ons Used To Determine	Funding Target and Targe	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22					22	
23	Mortality table(s) (se	e instructions) Prior regul Current reg		_	d - separa d - separa	
Pa	rt VI Miscellane	eous items				
24	Has a change been	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see i	nstructions	regarding required
	attachment		· · · · · · · · · · · · · · · · · · ·		*****	Yes 🗓 No
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required attach	ment	Yes X No
26	Is the plan required	to provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required a	attachment	· · · · · · Yes 🗓 No
27	20		ter applicable code and see instruc	6E7 1E7	27	
D-			Danvinad Cantalhutiana			
			um Required Contributions		20	
29			years		28	
29	000 2000 00		d unpaid minimum required contrib		29	
30	Remaining amount	of unpaid minimum required co	ntributions (line 28 minus line 29) .		30	
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	and excess assets (see instruc	tions):			
	a Target normal cos	st (line 6)			31a	72,8
			line 31a		31b	55,0
32	Amortization installn	nents:		Outstanding Balar	nce	Installment
	a Net shortfall amor	tization installment			0	
	b Waiver amortization	on installment			0	
33	If a waiver has been (Month	and the second control of the second	nter the date of the ruling letter grad	CONTRACTOR	33	
34	Total funding require	ement before reflecting carryove	r/prefunding balances (lines 31a - 3	lb + 32a + 32b - 33)	34	17,8
			Carryover balance	Prefunding Balar	nce	Total balance
35		r use to offset funding	0		0	
36	Additional cash requ	uirement (line 34 minus line 35			36	17,8
37	Contributions alloca	ited toward minimum required of	contribution for current year adjuste	d to valuation date	37	162,9
38		cess contributions for current y				
			* * * * * * * * * * * * * * * * * * * *		38a	145,1
	b Portion included i	n line 38a attributable to use of	prefunding and funding standard of	arryover balances	38b	
39	Unpaid minimum re	quired contribution for current	year (excess, if any, of line 36 over	line 37)	39	
40			rs		40	
Pa			Pension Relief Act of 2010			
CVIII	DE SILIA DE	ade to use PRA 2010 funding r				
- 1			· · · · · · · · · · · · · · · · · · ·			2 plus 7 years 15 years
					W	
	u Eligible blan vear	is) for which the election in line	41a was made		1 1200	0 1 120091 12010 1 12011

Schedule SB, line 19 - Discounted Employer Contributions

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002

For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 12/31/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/11/2019	\$170,043					
Applied to Additional Contribution	12/31/2018	151,459	145,164	0	0	6.29	0
Applied to MRC	12/31/2018	18,584	17,812	0	0	6.29	0
Totals for Deposited Contribution		\$170,043	\$162,976	\$0	\$0		

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

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002

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

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

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 002

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

Employer: STEPHEN J. SASSOON PLLC

Type of Entity - Sole-Proprietorship

EIN: 81-2636866 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2015 Year end - 12/31/2018 Valuation - 12/31/2018

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 - 500 Vesting - 1000

Plan Entry - Anniversary date nearest eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 3 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 - Derived from the unit credit benefit formula below:

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

Accrued Benefit - Unit credit based on service

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) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

Top Heavy Minimum: None

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

Vesting Schedule: 100% Vested immediately

Service is calculated using all years of service

STEPHEN J. SASSOON DEFINED BENEFIT PLAN

81-2636866 / 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 -

		$\overline{}$
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 - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)