Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information							
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_				
_		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC progra	am			
		special extension (enter descr	ription)						
Part II	Basic Plan Inf	ormation—enter all requested inf	formation						
1a Name STUART OR	•	NED BENEFIT PENSION PLAN			1b Three-dig plan num (PN) ▶	′ I			
					1c Effective				
		loyer, if for a single-employer plan)			2b Employer	Identification Number			
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		structions)	(EIN)	13-3039913			
STUART OR	SHER MD PC				2c Sponsor's telephone number 212-535-7763				
					2d Business code (see instructions)				
530 EAST 86 NEW YORK,						621111			
					01				
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administr	ator's EIN			
					3c Administr	ator's telephone number			
		he plan sponsor or the plan name ha			4b EIN				
a Spons		onsor s name, Env, the plan name a	and the plan number from	the last return/report.	4d PN				
C Plan N	lame								
5a Total r	number of participant	s at the beginning of the plan year			5a	7			
		ts at the end of the plan year			5b	7			
		n account balances as of the end of			5c				
	,	articipants at the beginning of the pl			5d(1)	6			
d(2) Total number of active participants at the end of the plan year					5d(2)	6			
		o terminated employment during the			5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable car	use is establish	ned.			
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a supplete.							
SIGN	Filed with authorize	d/valid electronic signature.	10/06/2019	STUART ORSHER, M	1.D.				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN	Filed with authorize	d/valid electronic signature.	10/06/2019	10/06/2019 STUART ORSHER, M.D.					
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as e	mplover or plan sponsor			

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No	
b	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.)						X Yes ☐ No	
	If you answered "No" to either line 6a or line 6b, the plan cann		•					[] 100 [] 110
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes X No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the					-		(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	d of Year
а	Total plan assets	7a	1287	72384			1	12095102
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	1287	72384				12095102
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total 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	-45	53393				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-453393
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32	23889				
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						323889
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-777282
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acteris	ic Cod	des in the ins	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10-		X		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		^		
	reported on line 10a.)			10b		X		
С				10c	X			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
					-		-	

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Part '	/I 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)						
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	:	🗆 `	Yes X	No
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	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)					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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending	g 12/3	1/2018			
 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cau 	se is established					
A Name of plan STUART ORSHER MD PC DEFINED BENEFIT PENSION PLAN	B Three-dig plan num	git)	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STUART ORSHER MD PC	D Employer	D Employer Identification Number (EIN) 13-3039913				
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size:	100 or fewer	101-5	500 More th	an 500		
Part I Basic Information	-					
1 Enter the valuation date: Month 12 Day 31 Year 2018		_				
2 Assets:						
a Market value		2a		12095102		
b Actuarial value		2b		12095102		
o i unung target/participant count breakdown	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target		
For retired participants and beneficiaries receiving payment	0		0	0		
b For terminated vested participants	1		60113	60113		
C For active participants	6		6085492	6120654		
d Total	7		6145605	6180767		
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 that hat-risk status for fewer than five consecutive years and disregarding loading factor		4b				
5 Effective interest rate		5		5.42 %		
6 Target normal cost		6		219010		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachment accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experiment combination, offer my best estimate of anticipated experience under the plan.						
SIGN HERE						
Signature of actuary ED STEINMETZ			Date 17-04803			
Type or print name of actuary	Most recent enrollment number					
Type of print fame of actuary		WOSt	845-425-85			
Firm name 1 HILLTOP LANE MONSEY, NY 10952	Te	lephone	number (includi			
Address of the firm	_					
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completi instructions	ing this schedule	e, check	the box and see			

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Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding I	Bala	ances						
	(a) Carryover balance					ce	(b) Prefunding balance						
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)								0				
8				•	nding requirement (line 35					0			0
9									1305	391			0
10	Interest of	n line 9 ı	using prior year's a	actual retu	rn of <u>20.36</u> %				265	778			0
11					to prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								0
	b(1) Inte	erest on t	he excess, if any,	of line 38a	a over line 38b from prior y interest rate of	/ear							0
	` '		·	•	edule SB, using prior year's								0
					ar to add to prefunding balar								0
	d Portion	n of (c) to	be added to prefu	unding bala	ance								
12													0
					or deemed elections				4574	0			0
			-	•	line 10 + line 11d – line 12	<u>(</u>)			1571	169			0
	art III	_	ding Percenta	<u> </u>							1	44	
												14	194.33%
	15 Adjusted funding target attainment percentage 194.33%						194.33%						
16					of determining whether car					I to reduc	e current	16	169.54%
17	If the cur	rent value	e of the assets of t	the plan is	less than 70 percent of the	e fun	nding target	, enter su	ch percentage.			17	%
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18					ar by employer(s) and em	ploye							
(1)	(a) Date MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees					(с	(c) Amount paid by employees		
						Т	Totals ▶	18(b)			18(c)		
19	Discount	ed emplo	yer contributions -	- see instr	uctions for small plan with	a va	luation dat	e after the	beginning of th	e year:			
	a Contril	outions a	llocated toward ur	paid minir	num required contributions	s fror	m prior yea	rs		19a			0
	b Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date					19b			0
	c Contrib	outions all	ocated toward mini	mum requi	red contribution for current y	year a	adjusted to	valuation o	date	19c			0
20	Quarterly	contribu	tions and liquidity	shortfalls:						Ì			
	a Did the	e plan ha	ve a "funding shor	tfall" for th	e prior year?								Yes X No
	b If line	20a is "Y	es," were required	quarterly	installments for the curren	ıt yea	ar made in a	a timely m	nanner?		<u></u>		Yes No
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table a	as ap	plicable:						
					Liquidity shortfall as of e	end o	f quarter of	this plan	year				
		(1) 1s	t		(2) 2nd			(3)	3rd		((4) 4th	

F	Part V Assumptions Used to Determine Funding Target and Target Normal Co	st		
21	Discount rate:			
	a Segment rates: 1st segment: 2nd segment: 3rd segr 3.92% 5.52% 6	ment: .29 %		N/A, full yield curve used
	b Applicable month (enter code)	211	o	0
22	Weighted average retirement age	22	:	67
23		cribed - sep	arate	Substitute
	Current regulation: Prescribed - combined Pres	cribed - sep	arata	☐ Substitute
		cribed 3cp	arate	Gubstitute
Pa	art VI Miscellaneous Items			
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," attachment.			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required	attachment.		Yes X No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding requ	ired attachr	nent	Yes X No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding	27	,	
P	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Ye	·······		
28	·		\top	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior year			0
	(line 19a)	23		0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	1	0
Pá	art VIII Minimum Required Contribution For Current Year			
31	Target normal cost and excess assets (see instructions):	•		
	a Target normal cost (line 6)	31	а	219010
	b Excess assets, if applicable, but not greater than line 31a		o	219010
32	Amortization installments: Outstanding	Balance		Installment
	a Net shortfall amortization installment		0	0
	b Waiver amortization installment	(0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	33)	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 3	33) 34	r	0
	Carryover balance Prefunding	balance		Total balance
35	Balances elected for use to offset funding requirement			
36	Additional cash requirement (line 34 minus line 35)	36	j	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (I 19c)	J 31	,	0
38	Present value of excess contributions for current year (see instructions)			
	a Total (excess, if any, of line 37 over line 36)	388	а	0
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	381	0	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	,	0
40	Unpaid minimum required contributions for all years	40	,	0
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instruct	ions)		
41	If an election was made to use PRA 2010 funding relief for this plan:			
	a Schedule elected		\\\ 2	2 plus 7 years 15 years
	b Eligible plan year(s) for which the election in line 41a was made			3 2009 2010 2011

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Later Employee Benefits Socurely 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

2018

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 8058(a) of the Internal Revenue Code (the Code).

Portsion Bonefit Guaranty Corporation Complete all entries in a	cordance with the le	toterentiana ta the Com-	FFAR OF	Inspection
Part Annual Report Identification Information	Cecidence with the in	INTO DEGOUS TO USE FORM	5500-57.	
For calendar plan year 2018 or fiscal plan year beginning	01/01/201	8 and ending	12	/31/2018
A This return/report is for: B This return/report is: a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-emplo a list of participal a foreign plan the final return/re	yer plan (not multiemployi ing employer information	er) (Filers c in accorda	thecking this box must altach nce with the form instructions.)
C Check box if filing under:	automatic extensi			DFVC program
Part II Basic Plan Information enter all requested i	nformation			
18 Name of plan STUART ORSHER MD PC DEFINED BENEFIT PENSIO	on plan		pi (F	hree-digit lan number PN) ▶ 001 ffective date of plan
A				9/25/1980
28 Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, spt., suite no. and street, or P O City or town, state or province, country, and ZIP or foreign posta). Box) all code (if foreign, see	instructions)	2b Er	mployer Identification Number (IN) 13-3039913
STUART ORSHER MD PC	(2	Sponsor's telephone number (212) 535-7763		
530 EAST 86TH STREET			2d Bu 62	isiness code (see instructions)
3a Plan administrator's name and address X Same as Plan Spon				ministrator's EIN
If the name and/or EIN of the plan sponsor or the plan name has this plan, enter the plan sponsor's name. EIN, the plan name and Sponsor's name	changed since the las	t return/report filed for the last return/report.	3c Adi 4b EIN 4d PN	ministrator's telephone number
Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year	. (<u> </u>	5a	7
Number of participants with account balances as of the end of the	nian vaar Inglu dofina	d contribution along	5b	
complete this item)	***************		5c	
1(2) Total number of active participants at the end of the plan year	/ear	***********************	5d(1)	6
Number of participants who terminated employment during the pla	n vear with account he	marite that warn	5d(2)	6
1930 Itel 100 A AGSIGA	******************		5e	0
aution: A penalty for the late or incomplete filing of this return/re inder penalties of perjury and other penalties set forth in the instruction B or Schedule MB completed and signed by an enrolled actuary, as wellief, it is true, correspond complete.	ns. I declare that I have veil as the electronic ve	الرافرين بالمناب المحتفظ فياساسكسساسيسا		
ERE Signature of plan administrator	Date		ORSI	
HON + Green / Laster M()	NA 18/19	Enter name of individual	Signing as	
IERE Signature of employer/plan sponsor	Date			eniployer or plan sponsor

Form	5500-	or.	2040	
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6a Were all of the plan's assets during the plan year invested in eligib	le accete? (S	'ac instructions'		***************************************	***************************************	**************************************	Promany years				
b Are you claiming a waiver of the annual examination and report of	an independe	ant qualified nublic ac	מטומי	tant (i	ODAY	**************	to the same of the				
under 29 CFR 2520, 104-46? (See instructions on waiver eligibility	and condition	(S.)	· • • • • • • • • • • • • • • • • • • •				XYes \(\text{No} \)				
if you answered two to either line 6a or line 6b, the plan cann	ot use Form	5500-SF and must	inste	ad us	e Fon	n 5500					
C If the plan is a defined benefit plan, is it covered under the PBGC in	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										
If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC prer	mium filing for this ve	ar				(See instructions)				
							(Oce manachons.)				
Part III Financial Information 7 Plan Assets and Liabilities	Т Т			-							
	-	(a) Beginning	of Y	ear		(b) End of Year				
		12,	872,	384			12,095,102				
F											
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	12,	872,	384			12,095,102				
a Contributions received or receivable from:		(a) Amou	nt	····			(b) Total				
(1) Employers	8a(1)										
(2) Participants	8a(2)			······································	_						
(3) Others (including rollovers)	8a(3)				-						
b Other income (loss)	8b	(4)	53,3	93)	\dashv						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+		(453.200)				
d Benefits paid (including direct rollovers and insurance premiums				· · · · · · · · · · · · · · · · · · ·			(453,393)				
to provide benefits)	8d		323,	889							
(See Instructions)	8e			*************							
	8f										
Other expenses Total expenses (add lines 8d, 8a, 8f, and 8a)	8g										
	8h					323,889					
Net income (loss) (subtract line 8h from line 8c)	i					******	(777,282)				
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j				<u> </u>						
					· · · · · · · · · · · · · · · · · · ·						
9a If the plan provides pension benefits, enter the applicable pension fe 1A	ature codes f	rom the List of Plan (Chara	cteris	tic Co	des in the i	nstructions:				
b If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fro	om the List of Plan Cl	harac	teristic	Code	s in the in	structions:				
Part V Compliance Questions			······································								
0 During the plan year:	······································			Vac	No	N/A					
a Was there a failure to transmit to the plan any participant contribution	ons within the	time period	T	103	140	IVA	Amount				
described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	untary Fiducia	ary Correction									
Program)	************		10a		х						
b Were there any nonexempt fransactions with any party-in-interest?	(Do not inclu	de transactions									
reported on line 10a.) C Was the plan covered by a fidelity bond?	*************	**********	10b		X						
Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity but found a loss.		300000000000000000000000000000000000000	10c	X			500,000				
by fraud or dishonesty?	elity bond, tr	nat was caused	104		х						
e Were any fees or commissions paid to any brokers, agents, or other	r persons by	an incurance	10d		Α						
carrier, insurance service, or other organization that provides some	or all of the h	enefite under									
the plan? (See instructions.)	*****************	***********	10e		Х						
f Has the plan failed to provide any benefit when due under the plan?			10f		х						
g Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)	******************	10g		х						
h If this is an individual account plan, was there a blackout period? (Se	e instruction	e and 20 CED									
2020. IVI-3.)	*******	***********	10h	No. of Street, or other Persons	V THI LAMB LAMB						
i If 10h was answered "Yes." check the box if you either provided the	required notic	ce or one of the			1						
exceptions to providing the notice applied under 29 CFR 2520.101-3	***********		10i								

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Pa	t 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)									
11	F14 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 302 of ERISA?									
a	granting the waiver									
		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		·						
b	Enter th	e minimum required contribution for this plan year	****:	12b						
С	Enter th	e amount contributed by the employer to the plan for the plan year		12c			and the contract of the contra			
d	Subtrac	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o	а	12d		***************************************	***************************************			
e	Will the		Yes No N/A							
Pari	VII	Plan Terminations and Transfers of Assets								
13a	Has a re	solution to terminate the plan been adopted in any plan year?	T		7 Yes	X No				
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year	• • • • • • • • • • • • • • • • • • • •	13a		[42] (10	A A A COLUMN AND A			
b	Were all	the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc f the PBGC?	er the	9		es x h	40			
С	If, during which as	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the sets or liabilities were transferred. (See instructions.)	plan(s	s) to						
13		e of plants)	2) EII	V(e)		13c(3) Pt	ul/a)			
			- j h. 11	1(0)		130(3) 17	4(2)			

ACTUARIAL ASSUMPTIONS

The following are 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. <u>Interest</u> 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 62, with a minimum of 20 years of service; however not later than age 65 and 5 years of plan participation.
- 6. A Unit Credit Cost Method as prescribed in IRC Section 430.

PLAN PROVISIONS:

Eligibility An employee becomes a member of the Plan

after 12 months of service and attainment of Age 21.

Benefit 6.5% of Average Compensation for each Year of

Service, Maximum 16 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.

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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

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

me Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

				File as	an attac	hme	ent to Form	5500 or	5500-S	F.					
For	calendar plan ye	ar 2018 or fisca	al plan year begii	nning	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 cause is established.															
A 1	A Name of plan B Three-digit														
STU	STUART ORSHER MD PC DEFINED BENEFIT PENSION PLAN									plan numb	er (PN)	•		001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)															
STU	STUART ORSHER MD PC 13-3039913														
E	E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500														
P	art I Basic	nformation	1												
1	Enter the valuat	on date:	Month	12	Day	31	Year_	2018							
2	Assets:														
	a Market value	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		• • • • • • • • • • • • •	•••••	• • • • • • •		2a			12,095,102	
	b Actuarial valu	e	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • •	••••••	•••••	• • • • • • •	•••••	2b			12,095,102	
3	Funding target/p	articipant cour	nt breakdown:				(1) Number participation			(2) Vested Targ		g		(3) Total Funding Target	
	a For retired na	ticinants and h	peneficiaries rece	eiving navm	ent			0				0		0	
		•	ipants	0. ,		ſ		1	L		60,113			60,113	
		•	•					6	5	6,085,492				6,120,654	
	_	•	• • • • • • • • • • • • • • • • • • • •					7	,		6,145		5 6,180,76		
4			heck the box an				(b)								
	·		prescribed at-risl	•	, ,		` '			[4a				
			isk assumptions an five consecuti						t have b	peen in	4b				
5	Effective interes	t rate	• • • • • • • • • • • • • • • • • • • •								5			5.42 %	
6	Target normal o	ost	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					• • • • • • •		6			219,010	
Sta	tement by Enroll	ed Actuary								•					
acc		law and regulation	ns. In my opinion, each	n other assump										d assumption was applied in and such other assumptions, in	
_	SIGN E	1 S.	telnn	reZ						10)/6/2	019			
	Signature of actuary Date														
ED STEINMETZ 17-04803															
	Type or print name of actuary Most recent enrollment number														
									_	-	(84	15) 42	25-8	532	
	Firm name Telephone number (including area code)														
	1 HILLTOP LANE														
	US MONS	EY	N	IY 10952	2										
	OD HONE		Address of th		-				_						
	e actuary has not	fully reflected a	any regulation or	ruling prom	nulgated i	unde	r the statute	in compl	oleting to	his schedul	e, chec	k the bo	x and	see	

	<u>s</u>	Schedule SB (Form 5500) 2018 Page	2	
Pa	rt II	Beginning of Year Carryover and Prefunding Balances		
			(a) Carryover balance	(b) Pre
7		ce at beginning of prior year after applicable adjustments (line 13 from prior	1,305,391	
8		n elected for use to offset prior year's funding requirement (line 35 from	0	

		-				(a)	Carryover balance		(b) F	Prefund	ing balance	
7				licable adjustments (line 13 t			1 205	201			0	
	, ,						1,305	, 391			0	
8		•	•	funding requirement (line 35				0			0	
9	Amount rema	aining (line 7 minus li	ne 8)		•••••		1,305	,391			0	
10	Interest on lir	ne 9 using prior year's	s actual re	turn of <u>20.36</u> %	•••••							
11				d to prefunding balance:								
	a Present va	alue of excess contrib	outions (lin	ne 38a from prior year)	•••••						0	
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year											
	Schedu	ule SB, using prior ye	ar's effect	ive interest rate of	%						0	
	b(2) Interes	t on line 38b from pri	or year Sc	hedule SB, using prior year	s actual							
			-	•••••							0	
	C Total avai	lable at beginning of	current pla	an year to add to prefunding	balance .						0	
	d Portion of	(c) to be added to pr	efunding b	palance							0	
12	Other reducti	ons in balances due	to election	ns or deemed elections				0			0	
13	Balance at be	eginning of current ye	ear (line 9	+ line 10 + line 11d - line 12)		1,571	,169			0	
Pa	rt III F	unding Percenta	ages									
14	Funding targe	et attainment percent	age	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••	•••••	14	194.33 %	
15	Adjusted fund	ding target attainmen	t percenta	ıge	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	•••••	15	194.33 %	
16				s of determining whether car						16	169.54 %	
17				is less than 70 percent of th						17	%	
		ontributions an		· · · · · · · · · · · · · · · · · · ·		<u> </u>						
				year by employer(s) and em	plovees:							
	(a) Date	(b) Amount pa	aid by	(c) Amount paid by	(a	a) Date	(b) Amount				ount paid by	
(M	M-DD-YYYY)	employer(s	S)	employees	(MM-L	D-YYYY)	employe	r(s)		emp	loyees	
					Totals	▶ 18(b)			18(c)	ı		
19	Discounted e	employer contribution	s see in	structions for small plan with		-(-,	the beginning of th	e vear.	(-)			
		· ·		nimum required contribution				19a				
	_			•	•	•	<u> </u>	19b				
	b Contributions made to avoid restrictions adjusted to valuation date											
20		ntributions and liquidi		'	2 jour ut	.,					•	
	a Did the plan have a "funding shortfall" for the prior year?											
		_		ly installments for the currer							Yes No	
		•	•	complete the following table	•							
				Liquidity shortfall as of er			ın year					
	(1) 1st (2) 2nd (3) 3rd (4) 4th										th	

Pa	rt V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	etirement age			22	67
23	Mortality table(s) (se	e instructions) Prior regu Current re		—	bed - sepa bed - sepa	
Par	t VI Miscellane	eous items				
24	Has a change been i	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	e instructio	ns regarding required
	attachment			• • • • • • • • • • •		Yes x No
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required atta	chment .	Yes X No
26	Is the plan required t	o provide a Schedule of Active	e Participants? If "Yes," see instruc	ctions regarding required	d attachme	nt Yes X No
27	If the plan is subject	to alternative funding rules, er	nter applicable code and see instru	ctions regarding	27	
	attachment					
Par		•	um Required Contribution		Г	T
28_			years		28	
29			d unpaid minimum required contrib		29	
30			ntributions (line 28 minus line 29)		30	
Par	t VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	ind excess assets (see instruc	tions):			
	a Target normal cost	t (line 6)			31a	219,010
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	219,010
32	Amortization installm	nents:		Outstanding Bala	ance	Installment
;	a Net shortfall amort	ization installment				
	b Waiver amortization	n installment				
33			nter the date of the ruling letter gra) and the waived amount .		33	
34	Total funding requirer	ment before reflecting carryover	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for requirement	use to offset funding				
36	Additional cash requ	irement (line 34 minus line 35)			36	0
37	(11 40)	·	contribution for current year adjuste		37	C
38	Present value of exc	ess contributions for current ye	ear (see instructions)			
					38a	0
			prefunding and funding standard of		38b	0
			vear (excess, if any, of line 36 over		39	C
40	-		s	· ·	40	C
Par			Pension Relief Act of 2010)	•
41		de to use PRA 2010 funding re		·		
			• • • • • • • • • • • • • • • • • • •		<u></u> F	2 plus 7 years 15 years
			41a was made			