-	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emplo Benefit Plan						
Inter	nal Revenue Service	This form is required to be file				2018			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection			
-	enefit Guaranty Corporation	Complete all entries in a		tructions to the Form 55	500-SF.				
Part I		Identification Information		and an diam. At					
For calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2			2/31/2018	ing this have such attach a			
A This ret	turn/report is for:	X a single-employer plan		mployer information in ac		king this box must attach a ith the form instructions.)			
B This retu	urn/report is								
		the first return/report	the final return/report						
-		urn/report (less than 12 m	onths)						
C Check I	box if filing under:		DFVC p	rogram					
Part II		rmation—enter all requested int	formation		41				
1a Name	of plan SH BALANCE PLAN				1b Three plan	e-digit number			
3. 0. 3. UAC	DI BALANCE FLAN				(PN)				
_					1c Effec	tive date of plan 01/01/2014			
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 33-1032321			
•	•	e, country, and ZIP or foreign post ERY & SPORTS MEDICINE GROU		structions)	2c Sponsor's telephone number 845-278-8400				
					2d Business code (see instructions)				
	LEIGH AVENUE, SUIT Y 10512-3990	E 300				621111			
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name han name han name han be plan name a			4b EIN				
•	or's name				4d PN				
_		at the beginning of the plan year			5a	49			
		at the end of the plan year account balances as of the end of			5b	45			
compl	lete this item)				5c				
.,	•	rticipants at the beginning of the pl	•		5d(1)	41			
	al number of active pa	5d(2)	38						
than	100% vested	terminated employment during the	• •		5e	0			
		or incomplete filing of this return							
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, a plete.							
SIGN		/valid electronic signature.	10/15/2019	JOEL BUCHALTER					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN	Filed with authorized	/valid electronic signature.	10/15/2019	JOEL BUCHALTER					
HERE For Paperwo	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF. Form 5500-SF (2018)								

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)													
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.)													
	(S)		,											
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 th	e PBGC p	remium filing for this p	lan yea	r									
Pa	rt III Financial Information													
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year							
а	Total plan assets	7a	.,	07007			4247600							
	Total plan liabilities	7b												
С	Net plan assets (subtract line 7b from line 7a)	7c	38	07007			4247600							
8	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total													
а	Contributions received or receivable from: 8a(1) (1) Employers 727930													
	(2) Participants	8a(2)		0										
	(3) Others (including rollovers)													
b	Other income (loss)	8b	-24	46861										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					481069							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		40476										
е	Certain deemed and/or corrective distributions (see instructions)	8e												
f	Administrative service providers (salaries, fees, commissions)	8f		0										
g	Other expenses	8g		0										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					40476							
i	Net income (loss) (subtract line 8h from line 8c)	8i					440593							
j	Transfers to (from) the plan (see instructions)	8j												
Pa	rt IV Plan Characteristics													
9a	If the plan provides pension benefits, enter the applicable pension $1A$ 1C	feature co	des from the List of Pla	an Chai	racteris	stic Co	des in the instructions:							
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 instructions:							
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.)			10b		х								
С	Was the plan covered by a fidelity bond?			10c	X		500000							
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x								
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)													
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х								
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h										
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i										

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	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0		
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No		
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		d enter Da		e of the l		lling		
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
b	Ente	r the minimum required contribution for this plan year		12b						
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A		
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X	No			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a						
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes		No		
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)) to						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) P	N(s)		

SCHEDULE SB	Single-Emplo	oyer Define	d Be	ne	fit Plan			OMB	No. 1210-0110
(Form 5500)	Actu	uarial Inform	natio	n					2018
Department of the Treasury Internal Revenue Service	This schedule is required	d to be filed under se	ection 10	04 of	the Employ	vee			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Secur Interna	rity Act of 1974 (ERI al Revenue Code (th			tion 6059 of	the			is Open to Public spection
· ·		ttachment to Form	5500 or	r 550					
For calendar plan year 2018 or fiscal plate Round off amounts to nearest doll		2018			and endi	ng 1	2/31/2	2018	
 Caution: A penalty of \$1,000 will be 		report unless reasor	hable car	use i	is establishe	he			
A Name of plan				В					
S. O. S. CASH BALANCE PLAN					plan nu	0	PN)	•	003
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500-SF			D	Employe	r Identi	ficatio	on Number (FIN)
SOMERS ORTHOPAEDIC SURGER					Employe		0323	,	
E Type of plan: 🛛 Single 🗌 Multiple-	A Multiple-B	F Prior year pla	an size:	<mark>X</mark> 1	00 or fewer	1	01-500) More t	han 500
Part I Basic Information									
1 Enter the valuation date:	Month <u>12</u> Day	31 Year 20)18	_					
2 Assets:									
a Market value						2 a			3519670
b Actuarial value			r			2b			3519670
3 Funding target/participant count bre	eakdown		· · ·		nber of pants	(2)		d Funding get	(3) Total Funding Target
a For retired participants and benef	ficiaries receiving payment				0			0	C
b For terminated vested participant	S				7			66275	66275
C For active participants			-		38			3678843	3679861
d Total			•		45			3745118	3746136
4 If the plan is in at-risk status, check									
a Funding target disregarding pres	1					4	a		
b Funding target reflecting at-risk a at-risk status for fewer than five of						4	b		
5 Effective interest rate						{	5		5.39%
6 Target normal cost						(6		653899
Statement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	n my opinion, each other assumption is r								
SIGN HERE								10/09/20 [,]	19
S	gnature of actuary							Date	
EDWARD J VIGNEAU								17-0273	2
	or print name of actuary					Mo	st rece	ent enrollme	
TLC PENSION CONSULTING, INC.	F '					- 1 1		631-425-0	
175 BROADHOLLOW RD STE 160 MELVILLE, NY 11747-4913	Firm name				I	elepho	ne nu	mber (includ	ding area code)
i	Address of the firm								
the actuary has not fully reflected any re	gulation or ruling promulgated	I under the statute in	comple	eting	this schedu	le, che	ck the	box and se	e
For Paperwork Reduction Act Notice,	see the Instructions for Forr	m 5500 or 5500-SF.						Schedule \$	SB (Form 5500) 2018 v. 171027

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	Balar	nces								
								(a) C	arryover baland	e	(b)	Prefundi	ng balance		
7	- · · · · · · · · · · · · · · · · · · ·														
8			•	•	nding requirement (line 35					0			0		
9	Amount	remaining	g (line 7 minus line	9 8)						0			0		
10	Interest	on line 9 ι	using prior year's a	actual retur	n of <u>1.00</u> %					0		0			
11	Prior yea	ar's exces	s contributions to	be added t	o prefunding balance:										
	a Prese	nt value o	f excess contribut	ions (line 3	8a from prior year)								343283		
					over line 38b from prior ye interest rate of5.56								0		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return												0			
C Total available at beginning of current plan year to add to prefunding balance												343283			
d Portion of (c) to be added to prefunding balance												0			
12	Other re-	ductions i	n balances due to	elections of	or deemed elections					0			0		
13	Balance	at beginn	ning of current yea	r (line 9 + li	ine 10 + line 11d – line 12)					0			0		
F	Part III	Fun	ding Percenta	ages											
14	Funding			-								. 14	93.95%		
15 Adjusted funding target attainment percentage										. 15	94.76%				
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	117.77%					
17			-		less than 70 percent of the							. 17	%		
P	Part IV	Con	tributions and	d Liquidi	ity Shortfalls										
18			-		ar by employer(s) and emp	loyee									
(1	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount employ		′ (nt paid by ovees		
(09/13/2019	9		218379	0			,				•			
C)9/13/2019	9		509551	0										
								Т							
							otals ►	18(b)		727	930 18(c)		0		
19		•			uctions for small plan with a				0 0	,	1				
	_			•	num required contributions					19a			0		
				-	usted to valuation date					19b			0		
					ed contribution for current y	ear ao	djusted to v	aluation d	ate	19c			701614		
20			tions and liquidity										<u> </u>		
			-		e prior year? nstallments for the current							⊡	Yes X No Yes No		
								ani c iy ille	annoi (······			
	C if line	zua is "Yi	es, see instruction	ns and com	plete the following table as Liquidity shortfall as of er			this plan	vear						
		(1) 1s ⁻	t		(2) 2nd				3rd			(4) 4th	1		

Page 3

P	Part V	Assumpti	ions Used to Dete	rmine Funding	Target and Tar	get Normal Cost		
21	Discour	it rate:						
	a Segn	nent rates:	1st segment: 3.92%	2	nd segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used
	b Appli	cable month (er	nter code)				21b	0
22	Weighte	ed average retir	ement age				22	65
23	Mortality	/ table(s) (see	instructions) Prior re	gulation:	Prescribed - comb	pined Prescribe	d - separat	e Substitute
			Current	t regulation:	Prescribed - com	pined Prescribe	d - separat	e Substitute
Pa	art VI	Miscellane	ous Items					
24		-	•			lan year? If "Yes," see		regarding required
25	Has a m	nethod change	been made for the curre	ent plan year? If "Y	es," see instructions r	egarding required attac	nment	Yes 🛛 No
26	Is the pl	an required to p	provide a Schedule of A	ctive Participants?	If "Yes," see instructi	ons regarding required a	attachment	🗙 Yes 🗌 No
27			alternative funding rule				27	
Pa	art VII	Reconcili	ation of Unpaid M	linimum Requi	red Contributior	s For Prior Years		
28	Unpaid	minimum requi	red contributions for all	prior years			28	0
29			contributions allocated to				29	0
30	Remain	ing amount of ι	unpaid minimum require	d contributions (line	e 28 minus line 29)		30	0
Pa	art VIII	Minimum	Required Contrib	oution For Curr	ent Year			
31	Target	normal cost and	d excess assets (see in	structions):				
	a Target	t normal cost (li	ne 6)				31a	653899
			blicable, but not greater	than line 31a			31b	0
32	Amortiz	ation installmer	nts:			Outstanding Bala	ince	Installment
	_		ation installment				226466	36971
			installment				0	0
33			oproved for this plan yea Day Year _		0 0	ing the approval	33	
34	Total fu	nding requirem	ent before reflecting car			31b + 32a + 32b - 33)	. 34	690870
				Carr	yover balance	Prefunding bala	nce	Total balance
35			se to offset funding		0		0	0
36	Addition	al cash require	ment (line 34 minus line	ə 35)			36	690870
37			l toward minimum requi				37	701614
38	Present	value of exces	s contributions for curre	ent year (see instruc	tions)			
	a Total	(excess, if any,	of line 37 over line 36)				38a	10744
	b Portio	n included in lir	ne 38a attributable to us	se of prefunding and	l funding standard ca	rryover balances	38b	0
39	Unpaid	minimum requi	red contribution for curr	ent year (excess, if	any, of line 36 over li	ne 37)	39	0
40			red contributions for all	-			40	0
Pa	rt IX	Pension	Funding Relief Ur	nder Pension R	elief Act of 2010) (See Instructions	5)	
41	If an ele	ction was made	e to use PRA 2010 fund	ing relief for this pla	n:			
	a Scheo	lule elected						2 plus 7 years 15 years
	b Eligib	le plan year(s) l	for which the election in	line 41a was made			200	08 2009 2010 2011

E-SIGNATURE AUTHORIZATION

for

S. O. S. Cash Balance Plan 33-1032321/003 For Plan Year 01/01/2018 through 12/31/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize TLC Pension Consulting, Inc. to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to TLC Pension Consulting, Inc. before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - TLC Pension Consulting, Inc. will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- TLC Pension Consulting, Inc. will maintain a copy of this written authorization in its records.
- TLC Pension Consulting, Inc. will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- TLC Pension Consulting, Inc. shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.

Plan Administrator

10/15/19 Date

ponsor

10/15/15 Date

Form 5500-SF	Short Form Annual Re	eturn/Report o Senefit Plan	of Small Emplo	yee	OMB Nos.	1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		and 4065 of the Employ		2018	1
Department of Labor	Retirement Income Security Act of	f 1974 (ERISA), and s	section 6057(b) and 605	(a) of	s Form is Open to	Dublia
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		al Revenue Code (the			Inspection	Public
	Complete all entries in accord dentification Information	lance with the instru	ictions to the Form 55	00-SF.		5
For calendar plan year 2018 or fisc		01/01/2018	and ending	12/31/2	2018	1.4
	x a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking	g this box must atta	ach
A This return/report is for:		a list of participating a foreign plan	employer information in	accordance wit	h the form instruction	ons.)
B This return/report is:	5 8	the final return/report				
			Irn/report (less than 12 I	months)		31
C Check box if filing under:				_		10
C Check box in hing under:	special extension (enter description	automatic extension			C program	: 29
Part II Basic Plan Infor	mation enter all requested inform					1
1a Name of plan	mation enter all requested inform	mation		1b Three-d	ligit	31
S. O. S. Cash Balanc	e Plan			plan nu		
				(PN) ► 1c Effective	e date of plan	
22. Dian anomala anna (ann ia				01/01	/2014	
Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo	x)			er Identification Nu 33-1032321	mber
	e, country, and ZIP or foreign postal co Surgery & Sports Medicine		tructions)	. ,	or's telephone numb	her
Somers or chopaedic a	digery & sports Medicine	Group PITC			278-8400	
664 Stoneleigh Avenu	1e, Suite 300			2d Busines 62111	ss code (see instruc	ctions)
_				02111	1	
US Carmel NY 10512-3990 3a Plan administrator's name and	d address X Same as Plan Sponsor	r		3b Adminis	strator's FIN	14
				UD Adminic		1. j
				3c Adminis	strator's telephone	number
						-
4 If the name and/or EIN of the	plan sponsor or the plan name has ch	nanged since the last	return/report filed for	4b EIN		
	sor's name, EIN, the plan name and th				1	i lanca Lanca
a Sponsor's name				4d PN		
C Plan Name					•	
5a Total number of participants a	t the beginning of the plan year			5a	49	
	t the end of the plan year			5b	45	
	ccount balances as of the end of the p			5c		
	cipants at the beginning of the plan ye			5d(1)	41	·4 ¢
d(2) Total number of active partie	cipants at the end of the plan year .			5d(2)	38	a l
e Number of participants who te	erminated employment during the plan	year with accrued be	enefits that were	5e		
					0	-
	or incomplete filing of this return/rep					
SB or Schedule MB completed an belief, it is true, correct, and comp	ner penalties set forth in the instruction ad signed by an enrolled actuary, as wo plete.	ell as the electronic v	ersion of this return/rep	ort, and to the b	est of my knowledg	thedule
SIGN			Joel Buchalter			1.1
HERE Signature of plan admin	nistrator	Date /0/15/19	Enter name of individu	ual signing as pl	lan administrator	17
SIGN	200		Joel Buchalter			1177
HERE Signature of employer/	plan sponsor	Date Intesting	Enter name of individu	al signing as o	mployer or plan sp	onsor

SIGN		boer bucharter
HERE Signature of employer/plan sponsor	Date lolistig	Enter name of individual signing as employer or plan sponsor
For Paperwork Reduction Act Notice, see the instructions	s for Form 5500-SF.	Form 5500-SF (20

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	Form 5500-SF 2018		Page 2			•6			
								12, mart 11 - 12.	
									- 1. A.
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions)					X Yes	
	Are you claiming a waiver of the annual examination and report of a		1,50					A 103	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							XYes	No
•	If you answered "No" to either line 6a or line 6b, the plan canno								-1 (***)
C	If the plan is a defined benefit plan, is it covered under the PBGC in:						<u>X</u> Yes		letermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year 4	100	904			(See instru	uctions.)
Pa	art III Financial Information								1
7	Plan Assets and Liabilities		(a) Beginning of Y	Year	•		(b) End of Year	5 8 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4
а	Total plan assets	7a	3,807	7,00	07			4,247	,600
b	Total plan liabilities	7b							
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	3,807	7,00	07	_		4,247	,600
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			1002000	A STREET, STRE	(b) Total	
_	(1) Employers	8a(1)	727	7,93	30	1000			and the second
	(2) Participants	8a(2)			0	6	S Cherry		
	(3) Others (including rollovers)	8a(3)				14 - C C C C C C C C			
b	Other income (loss)	8b	(246,	86:	1)	a series		and the second second	a second
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Sec.	1916			481	,069
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40	0,4	76				
е	Certain deemed and/or corrective distributions (see instructions)	8e				1-123		and the second	
f	Administrative service providers (salaries, fees, commissions)	8f			0	1515			
g	Other expenses	8g			0	1			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			R. Con	1		40	,476
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						440	,593
j_	Transfers to (from) the plan (see instructions)	8j				North Control			
	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 1A 1C	eature code	es from the List of Plan Cha	arac	terist	ic Cod	les in the	e instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Char	racte	eristic	: Code	s in the	instructions:	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Pa	art V Compliance Questions							1	4 P.S.
10	During the plan year:				Yes	No	N/A	Amount	10 mar
a		tions within	the time period				10310		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo								
_	Program)			10a		x			1 1223
Ľ	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		x			12
				10c	x		States -		500,000
c	Did the plan have a loss, whether or not reimbursed by the plan's		and the second						
	by fraud or dishonesty?			10d		x	A. C.		the second
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of t	he benefits under	10e		x			

f	Has the plan failed to provide any benefit when due under the plan?	10f	2	2	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	2		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			States of
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			and the second

19

Form 5500-SF 2018 Page 3 -Part VI **Pension Funding Compliance** 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB X Yes No (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 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) а If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12b С Enter the amount contributed by the employer to the plan for the plan year 12c d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) ----е Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? x Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the b Yes X No control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to С which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Schedule SB, line 26 -Schedule of Active Participant Data S.O.S. CASH BALANCE PLAN

33-1032321/003 For the plan year 01/01/2018 through 12/31/2018

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25	1									
25 to 29		4								
30 to 34		6	1							
35 to 39		2	4							
40 to 44		4	1							
45 to 49		6	5							
50 to 54		6	2							
55 to 59		9	2							
60 to 64		8	2							
65 to 69		3	1							
70 & up		1								

Schedule SB, line 32 -Schedule of Amortization Bases

S.O.S. CASH BALANCE PLAN

33-1032321 / 003

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2018	226,466	Shortfall	226,466	7	36,971
Totals:				\$226,466		\$36,971

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

S.O.S. CASH BALANCE PLAN

33-1032321 / 003 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, Part V Summary of Plan Provisions

S.O.S. CASH BALANCE PLAN

33-1032321 / 003

Employer:		SOMERS ORTHOPAE	EDIC SURGERY AND	SPORTS MEDI	CINE				
	Type of Entity -				Dian Turan Cash Dalana				
		EIN: 33-1032321	TIN:	Plan #: 003	Plan Type: Cash Balance				
<u>Dates:</u>		Effective - 01/01/2014 Year end - 12/31/2018 Valuation - 12/31/2018 Top Heavy Years - 2014, 2015, 2016							
Eligibility:		All employees excludir	All employees excluding non-resident aliens, members of an excluded class and union						
		Vinimum age - 21 Months of service - 12							
Hour	rs Required for -	Eligibility - 1000	Benefit accrual - 1	000 Vesting	g - 1000				
	Plan Entry -	First day of 1st or 7th r	First day of 1st or 7th month of plan year on or next following eligibility satisfaction						
Retirement:	Normal -	First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation							
	Early -	Not provided							
Average Compens	sation:	Current compensation							
Top Heavy Mi	inimum Benefit -	Highest 5 consecutive	top heavy years of par	ticipation					
Plan Benefits:	Retirement -	Actuarial equivalent of	the hypothetical accou	int balance deri	ved from annual Pay Credits and Interest Credits				
	Pay Credits -	Classification AAK	Pay Credit Forr 2% of compens						
		AEZ	8.1% of compe	nsation					
		AJR	5.5% of compe	nsation					
		AK	5% of compens	ation					
		ALH	4.25% of comp	ensation					
		AMP	6% of compens	ation					
		BP	1% of compens	ation					
		BUC	\$144,000						
		BUU	5% of compens	ation					
		CC1	4.6% of compe	nsation					
		CEC	5% of compens	5% of compensation					
		CF	5% of compens	5% of compensation					
		CJ	5% of compens	5% of compensation					
		CJS	2% of compens	2% of compensation					
		CS1	5% of compens						
		CW	5% of compens						
		CYD	35% of comper						
		DB	5% of compens						
		DI1	5% of compens						
		DL	5% of compens						
		DLS	5% of compens						
		DM1	5% of compens						
		DMM	8% of compens						
		DP	28% of comper						
		DS	29% of comper						
		EF1	5% of compens	ation					

Schedule SB, Part V Summary of Plan Provisions

S.O.S. CASH BALANCE PLAN

33-1032321 / 003

EK	5.2% of compensation
FAU	\$215,000
FF	3% of compensation
FPZ	4% of compensation
GIB	4.5% of compensation
GQQ	8% of compensation
GR	10% of compensation
HAV	4.5% of compensation
HK1	5% of compensation
JAM	5% of compensation
JAP	19.17% of compensation
JDD	18% of compensation
JJR	8% of compensation
JMK	10% of compensation
JRH	24.25% of compensation
JWW	5% of compensation
KB1	3.6% of compensation
KHA	\$50,000
KK	35% of compensation
KL	2% of compensation
KMC	28% of compensation
КО	7% of compensation
KW1	5% of compensation
LAL	3% of compensation
MC1	5% of compensation
MG	8% of compensation
MH	8.25% of compensation
MH1	5% of compensation
MV	5% of compensation
MW	10.25% of compensation
ND	7% of compensation
NNH	3% of compensation
PHM	25% of compensation
PTJ	\$2,000
RA	10% of compensation
RH	12% of compensation
SAS	15% of compensation
SSN	8% of compensation
STY	\$100,000
WB1	5% of compensation
WM1	7% of compensation

Schedule SB, Part V Summary of Plan Provisions

S.O.S. CASH BALANCE PLAN

33-1032321 / 003

Interest Credit Rate -	Current Yr - 5% Projected Yrs - 5%					
Accrued Benefit -	Hypothetical Account Balance					
	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 -	None					
Top Heavy Minimum:	None					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$220,000					
	Maximum 401(a)(17) compensation - \$275,000					
PBGC:	Plan is covered by Pension Benefit Guaranty Corporation					
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 in 3 years. Service is calculated using all years of service					
Present Value of Accrued Benef	it: Based on the Hypothetical Account Balance.					
Actuarial Equivalence:						
Pre-Retirement -	Interest - 3%					
	Mortality Table - None					
Post-Retirement -	Interest - 3%					
	Mortality Table - G83M - 1983 Group Annuity (male)					

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

S.O.S. CASH BALANCE PLAN

33-1032321 / 003

Valuation Date:	12/31/2018						
Funding Method:	As prescribed in IRC Section 430						
Age	- Eligibility age at la	st birthday and	d other ages	at nearest birthday			
Retrospective Compensation	 Current compensa 	tion					
Form of Payment	Interest Credit Rat will not exceed 41	e current Hypc e discounted u 5 maximum all	othetical Acc using approp lowable dist	p sum which is the ount Balance projec priate segment rate. ribution, which is the r b) plan actuarial e	ted to the as Lump sum of lesser amore	sumed retirement c on plan actuarial equ unt computed using	late using uivalence i a) 5.5%
Interest Rates	- Segment rates for permitted under IF		ate as	Segment rates as o permitted under IR HATFA			
	Segment #	Year	Rate %	Segment #	Year	Rate %	
	Segment 1	0 - 5	2.50	Segment 1	0 - 5	3.92	
	Segment 2	6 - 20	3.92	Segment 2	6 - 20	5.52	
	Segment 3	> 20	4.50	Segment 3	> 20	6.29	
Pre-Retirement -	,	None					
	Early Retirement 1						
	Turnover Table - Disability Table -	None None					
	Salary Scale -	None					
	Interest Credit Rat		t Yr - 5%	Projected Yrs - 5%			
	Expense Load -	None					
	Ancillary Ben Load						
Post-Retirement -	Mortality Table -	180 - 2	2018 Combi	ned			
r oot realionent	Cost of Living -	None					
Asset Valuation Method:	Fair market value	of assets adju	sted for con	tributions under IRC	430(g)(4)		
Discrimination Test Assumptior	ıs:						
HCE Determination -		oyees					
Otherwise Excludable -	Otherwise Excluda	ble HCEs are	included wi	th the Not Otherwis	e Excludable	employees	
410(b)/401(a)(4) Testing:							
Pre-Retirement -	Interest -	8.5%	C	B Projection Rate -	5%		
Post-Retirement -	Interest -	8.5%					
	Mortality Table -		Individual A	nnuity (female)			
Permissively Aggregated Plans -	Tested as a Single	Plan					
Compensation -	Use current compe	ensation to cal	culate the b	enefit accrual rate (annual metho	od)	
Testing Age -	Normal retirement	age or attaine	d age, if old	er			
Testing Service -	Separate benefitin	g service for E	OC and for D	B for Accrued-to-Da	ate Method		
Normal Form for MVAR -	Joint with 50% Su	vivor Benefits					

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

S.O.S. CASH BALANCE PLAN

33-1032321 / 003

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

			Defined Bon	ofit Plan	0	MB No. 1210-0110
	SCHEDULE SB	Single-Employer	Defined Ben			
	(Form 5500)	Actuariai	Information			2018
	Department of the Treasury Internal Revenue Service	This schedule is required to be file	ed under section 104	of the Employee		
Em	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERISA) and se ue Code (the Code).	ction 6059 of the	This Fo	orm is Open to Public Inspection
Pe	ension Benefit Guaranty Corporation	File as an attachme	nt to Form 5500 or 5	500-SF.		
For	calendar plan year 2018 or fiscal p			and ending	12/31/201	.8
	Round off amounts to nearest do	ollar.				
+ c	Caution: A penalty of \$1,000 will b	e assessed for late filing of this report u	unless reasonable cau	ise is established.		
	ame of plan			B Three-digit plan number (PN)	003
s. (0. S. Cash Balance Plan	1		plan number (Branchast Contraction of the
				and a second second second	and spins 1	
	lan sponsor's name as shown on	line 2a of Form 5500 or 5500-SF		D Employer Identi	fication Numb	ber (EIN)
		y & Sports Medicine Group	PLLC	33-1	032321	
Som	ers Orthopaedic Surgery					
Fт	ype of plan: 🗶 Single 🗌 Multip	le-A 🔲 Multiple-B 🛛 🖌 🖡	Prior year plan size:	100 or fewer 10	01-500	More than 500
anger a	and seems					
and a state of the	art I Basic Information	Month 12 Day 31	Year 2018			
1	Enter the valuation date:	Month <u>12</u> Day <u>31</u>				
2	Assets:				2a	3,519,67
	a Market value				2b	3,519,67
3	Funding target/participant count		(1) Number of participants	(2) Vested Fu Target	the second s	(3) Total Funding Target
			0		0	
	a For retired participants and be	neficiaries receiving payment	7		66,275	66,27
	b For terminated vested particip	ants	38	3	678,843	3,679,80
	c For active participants		45		745,118	3,746,13
	d Total		2.7.7		/45/110	A CONTRACTOR OF A CONTRACTOR O
4	If the plan is in at-risk status, ch	eck the box and complete lines (a) and	l (b)		4a	
	a Funding target disregarding pr	rescribed at-risk assumptions	·····	have been in		
	b Funding target reflecting at-ris	sk assumptions, but disregarding transi n five consecutive years and disregardin	ng loading factor	nave been in	4b	
5	Effective interest rate				5	5.39 9
6					6	653,89
Sta	tement by Enrolled Actuary	upplied in this schedule and accompanying schedule . In my opinion, each other assumption is reasonabl			accurate. Each p asonable expecta	resribed assumption was applied in tions) and such other assumptions,
00						
ac		duted Mymean	1			/2019
ac	SIGN	Signature of actuary	1		D	Date
ac	SIGN	Signature of actuary	/		D 17-02	pate 732
ac	SIGN HERE Edward J Vigne	Signature of actuary			D 17-02 lost recent er	ate 732 nrollment number
ac	Edward J Vigne	Signature of actuary	1		D 17-02 lost recent er (631) 42	Date 1732 nrollment number 25-0591
ac	Edward J Vigne	Signature of actuary au e or print name of actuary onsulting, Inc. Firm name			D 17-02 lost recent er (631) 42	ate 732 nrollment number
ac	Edward J Vigne TLC Pension Co	Signature of actuary au e or print name of actuary onsulting, Inc. Firm name ow Rd Ste 160 NY 11747-4913			D 17-02 lost recent er (631) 42	Date 1732 nrollment number 25-0591
	Edward J Vigne Typ TLC Pension Co 175 Broadhollo US Melville	Signature of actuary au e or print name of actuary onsulting, Inc. Firm name ow Rd Ste 160		- Telep	D 17-02 lost recent er (631) 42 shone numbe	Pate 1732 hrollment number 25-0591 r (including area code)

Page 2

Pa	rt II Beg	inning of Year Ca	arryov	er and Prefunding Bal	ances							
	_					(a)	Carryover balance		(b) P	refund	ing balance	
7	Balance at be year)	ginning of prior year a	fter appli	cable adjustments (line 13 fro	om prior	or 0						0
8				unding requirement (line 35 f				0	c			0
9											0	
			urn of1.00%			0				0		
-	11 Prior year's excess contributions to be added to prefunding balance:											
	Service Colored States Colored States					al al a transfer	an traction and a	and the second			343	,283
	 a Present value of excess contributions (line 38a from prior year) b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.56</u> % 								0			
				hedule SB, using prior year's	actual							0
	C Total avail	able at beginning of cu	irrent pla	n year to add to prefunding b	alance .		Service and				343	,283
	and the second second second			alance		is in the		Carlos Pro				0
12				s or deemed elections				0				0
13				+ line 10 + line 11d - line 12) .				0				0
Pa	1000 000 000 000 000 000	Inding Percentag										
Philips in succession			and the second se							14	93.9	5 %
				ge						15	94.7	6 %
	Prior year's fu	unding percentage for p	ourposes	of determining whether carry	over/pref	unding bala	ances may be used	to reduce	e	16	117.7	7 %
17	current year's funding requirement 117.77 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17											
Transfer La La	NAMES OF CONTRACTOR OF CONT	ontributions and	a car	and another and another and and another a	, and a second s							
		and the second second second		and the second								
18	(a) Date	(b) Amount paid		(c) Amount paid by	1) Date	(b) Amount	naid by	(c) Amc	ount paid by	
(M	M-DD-YYYY)	employer(s)		employees		DD-YYYY) employer(s)					loyees	
09/	/13/2019	218	3,379		09/13	3/2019		509,55	1			
-												
								12 +	_	_		
									-			
									_			
_									_			
									_			
and the second second								10 And 11. The	40(-)			100
時代の時代		育 化表情的 化分子	and the second		Totals			727,93	0 18(C)		_	0
19		and the second se		tructions for small plan with a			Г					
			ð.	imum required contributions			Г	19a				0
				djusted to valuation date				19b			701	0
				equired contribution for curre	nt year ac	justed to va	aluation date	19c	Sec. Actor	Constant of	/01	,614
20	and a second	tributions and liquidity							1000			
		100 C		the prior year?				•••••	•••••	···· L		
	b If line 20a i	s "Yes," were required	quarterl	y installments for the current	year mad	e in a timel	y manner?		•••••	···· L		NO
	C If line 20a i	s "Yes," see instruction	ns and co	omplete the following table as					. Helening	C. marine		Suppose
	(4)	1st		Liquidity shortfall as of end (2) 2nd	of quarte	r of this pla (3)	n year 3rd		(4) 4t	th	
	(1)	131							1			

Schedule SB (Form 5500) 2018

Page 3

Pa	rt V Assumptio	ons Used To Determine	Funding Target and Target	et Normal Cost					
21	Discount rate:			and comment:					
	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	65			
	22 Weighted average retirement age								
	Current regulation: X Prescribed - combined Prescribed - separate Substitute								
Pa		eous items							
24	Has a change been	made in the non-prescribed act	tuarial assumptions for the current	plan year? If "Yes," see	instruction	ns regarding required			
	attachment								
25	Has a method chang	ge been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment .				
26			Participants? If "Yes," see instruc		attachme	nt <u>X</u> Yes <u>No</u>			
27			ter applicable code and see instruct		27				
NOT BELLEVILLE									
Pa	rt VII Reconcili	iation of Unpaid Minimu	Im Required Contributions	s For Prior Years					
28			years		28	0			
29			d unpaid minimum required contrib		29	0			
30	Remaining amount of	0							
States of the local day	And and a state of the state of	Required Contribution	and the second sec						
and the second s		and excess assets (see instruct							
					31a	653,899			
			line 31a		31b	0			
32	Amortization installn	and the state of the		Outstanding Bala	ance	Installment			
and the				2	26,466	36,971			
	• (2014)				0	0			
22			ter the date of the ruling letter gra	nting the approval					
33	(Month		—) and the waived amount .		33				
34	Total funding require	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	690,870			
			Carryover balance	Prefunding Bala	ance	Total balance			
35		r use to offset funding	0		0	0			
36	Additional cash requ	uirement (line 34 minus line 35)			36	690,870			
_	Contributions allocation	ted toward minimum required o	ontribution for current year adjuste	d to valuation date	37	701,614			
20									
	38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)								
			prefunding and funding standard c		38b	0			
- 20					39	0			
-			ear (excess, if any, of line 36 over		40	0			
40	CAN A STREET, STRE		S Poliof Act of 2010						
I REAL PROV	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41	41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected								
	And the second descent of the second s								
	b Eligible plan year(s) for which the election in line	41a was made		· [] 20				