### 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** 

| A This return/report is or:    a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach a its of participating employer information in accordance with the form instructions.)   a non-e-participant plan   a toreign   a toreign plan   a toreign plan   a toreign plan   a toreign   | Part I             |                         | Identification Information            |           |                         |                         |          |                  |                    |
|--|--------------------|-------------------------|---------------------------------------|-----------|-------------------------|-------------------------|----------|------------------|--------------------|
| A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C Check box if filing under:   Form \$558   automatic extension   DFVC program   | For calenda        | ar plan year 2018 or fi | scal plan year beginning 01/01/2      | 2018      |                         | and ending 12           | 2/31/20  | 18               |                    |
| B This return/report is  | A This retu        | urn/report is for:      | X a single-employer plan              |           |                         |                         |          | -                |                    |
| In the Institution of Part (Part III)   The Institution of Part III   Basic Plan Information   |                    |                         | a one-participant plan                |           |                         | ,                       |          |                  | ,                  |
| C Check box if filing under: Special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan THE LAW OFFICE OF MARCIA E. KUSNETZ PC DEFINED BENEFIT PLAN  1b Three-digit plan number (PN)   | <b>B</b> This retu | rn/report is            | the first return/report               | the       | e final return/report   |                         |          |                  |                    |
| Part II   Basic Plan Information—enter all requested information   |                    |                         | an amended return/report              | a s       | short plan year return  | /report (less than 12 m | onths)   |                  |                    |
| Part II   Basic Plan Information—enter all requested information   1a Name of plan   1a Name of plan   1a Name of plan   1th ELAW OFFICE OF MARCIA E. KUSNETZ PC DEFINED BENEFIT PLAN   1c Hercitory      | C Check b          | oox if filing under:    | X Form 5558                           | au        | itomatic extension      |                         | DF       | /C program       |                    |
| THE LAW OFFICE OF MARCIA E. KUSNETZ PC DEFINED BENEFIT PLAN  2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE LAW OFFICE OF MARCIA E. KUSNETZ PC  2b Employer Identification Number (EIN) 32 2033103  2c Sponsor's telephone number 314-564-2114  2d Business code (see instructions) SUITE 170 RYE BROOK, NY 10573  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  5 Administrator's telephone number C Plan Name  5 Total number of participants at the beginning of the plan year.  5 D Total number of participants at the end of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 |                    |                         |                                       | . ,       |                         |                         |          |                  |                    |
| THE LAW OFFICE OF MARCIA E. KUSNETZ PC DEFINED BENEFIT PLAN  2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE LAW OFFICE OF MARCIA E. KUSNETZ PC  2b Employer Identification Number (EIN) 32 2033103  2c Sponsor's telephone number 314-564-2114  2d Business code (see instructions) SUITE 170 RYE BROOK, NY 10573  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  5 Administrator's telephone number C Plan Name  5 Total number of participants at the beginning of the plan year.  5 D Total number of participants at the end of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 D Total number of active participants at the end of the plan year.  5 | Part II            | <b>Basic Plan Info</b>  | rmation—enter all requested in        | formation | on                      |                         |          |                  |                    |
| Plan number (PN)   | 1a Name            |                         | ·                                     |           |                         |                         | 1b '     | Three-digit      |                    |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) THE LAW OFFICE OF MARCIA E. KUSNETZ PC  2 INTERNATIONAL DRIVE SUITE 170 RYE BROOK, NY 10573  3a Plan administrator's name and address  Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year c Number of participants with account belances as of the end of the plan year c Number of participants with account belances as of the end of the plan year d(2) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the beginning of the plan year d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of th |                    | •                       | . KUSNETZ PC DEFINED BENEF            | TIT PLAN  | N                       |                         | 1        | plan number      | 001                |
| 2a Plan sponsor's name (employer, if for a single-employer plan)   Mailing address (include room, apt., suite no. and street, or P.O. Box)   City or fown, state or province, country, and 2IP or foreign postal code (if foreign, see instructions)   2c Sponsor's telephone number 914-864-2114   2d Business code (see instructions)   Sultration    |                    |                         |                                       |           |                         |                         | 1c       |                  | •                  |
| Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE LAW OFFICE OF MARCIA E. KUSNETZ PC  2 INTERNATIONAL DRIVE SUITE (7) 2 INTERNATIONAL DRIVE SUITE (7) 33a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year b Total number of participants with account balances as of the end of the plan year c Number of participants with account balances as of the end of the plan year d(1) Total number of participants at the beginning of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, II applicable, a Schedule Sor of Schedule MS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, II applicable, a Schedule MB completed and signe | 20. 51             |                         |                                       |           |                         |                         | 01       |                  |                    |
| THE LAW OFFICE OF MARCIA E. KUSNETZ PC  2 INTERNATIONAL DRIVE SUTE 170 RYE BROOK, NY 10573  3a Plan administrator's name and address  Same as Plan Sponsor.  3b Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name  c Plan Name  5a 1  b Total number of participants at the beginning of the plan year  5a 1  c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 100% vested  a Vanuber of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Signature of plan administrator Date Enter name of individual signing as plan administrator  SIGN  Filed with authorized/valid electronic signature.  10/15/2019 DaNIEL RICHARDS  | Mailing            | address (include roo    | m, apt., suite no. and street, or P.0 |           | (if foreign, see instri | uctions)                |          |                  |                    |
| 2 INTERNATIONAL DRIVE SUITE 170 RYE BROOK, NY 10573  3a Plan administrator's name and address ☑ Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number  4b EIN  4d PN  4d PN  5a Total number of participants at the beginning of the plan year  5 Plan Name  5 Potal number of participants at the beginning of the plan year (only defined contribution plans complete this item)  |                    |                         |                                       | iai code  | (ii loreign, see instit | uctions)                | 2c :     |                  |                    |
| 3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 Sponsor's name  c Plan Name  5a Total number of participants at the beginning of the plan year   |                    |                         |                                       |           |                         |                         | 2d 1     | Business code (  | (see instructions) |
| 3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year.  5 Total number of participants at the end of the plan year.  5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  4d PN  5a Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item).  5c Control of participants at the beginning of the plan year.  5d(1) 1 1 dd(2) Total number of active participants at the end of the plan year.  5d(1) 1 1 cd(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  5c Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Sign Filed with authorized/valid electronic signature.  10/15/2019 DANIEL RICHARDS  Signature of plan administrator  Date Enter name of individual signing as plan administrator  |                    | IONAL DRIVE             |                                       |           |                         |                         |          | 5411             | 10                 |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year  |                    | , NY 10573              |                                       |           |                         |                         |          |                  |                    |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year  | 0:                 |                         |                                       |           |                         |                         | O.L.     |                  |                    |
| 4b EIN  4d PN  Total number of participants with account balances as of the end of the plan year complete this item)  4(1) Total number of participants at the beginning of the plan year with accrued benefits that were less than 100% vested  5a Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  5a 1 b EIN  4b EIN  4b EIN  4d PN  5a 1 1  5b 1 1  5c 1  5b 1 1  5c 2  5d(1) 1 1  6c) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  5c 2  5d(1) 1 1  5d(2) 1 1  5d(3) 1 1  5d(4) 1 1  5d(5) 1 1 1  5d(6) 1 1 1 1  5d(7) 1 1 1  5d(8) 1 1 1 1  5d(8) 1 1 1 1 1  5d(9) 1 1 1 1  5d(9) 1 1 1 1  5d(1) 1 1 1            | 3a Plan ad         | dministrator's name ar  | nd address X Same as Plan Spo         | nsor.     |                         |                         | 3D /     | Administrator's  | EIN                |
| 4b EIN  4d PN  Total number of participants with account balances as of the end of the plan year complete this item)  4(1) Total number of participants at the beginning of the plan year with accrued benefits that were less than 100% vested  5a Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  5a 1 b EIN  4b EIN  4b EIN  4d PN  5a 1 1  5b 1 1  5c 1  5b 1 1  5c 2  5d(1) 1 1  6c) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  5c 2  5d(1) 1 1  5d(2) 1 1  5d(3) 1 1  5d(4) 1 1  5d(5) 1 1 1  5d(6) 1 1 1 1  5d(7) 1 1 1  5d(8) 1 1 1 1  5d(8) 1 1 1 1 1  5d(9) 1 1 1 1  5d(9) 1 1 1 1  5d(1) 1 1 1            |                    |                         |                                       |           |                         |                         | 3c /     | Administrator's  | telenhone number   |
| this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year   |                    |                         |                                       |           |                         |                         | 00 /     | Administrator 3  | telephone number   |
| this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year   |                    |                         |                                       |           |                         |                         |          |                  |                    |
| this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year   |                    |                         |                                       |           |                         |                         |          |                  |                    |
| a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year  |                    |                         |                                       |           |                         |                         | 4b       | EIN              |                    |
| Total number of participants at the beginning of the plan year   |                    |                         | risor's flame, Env, the plan flame a  | and the   | pian number nom tr      | le last return/report.  | 4d       | PN               |                    |
| b Total number of participants at the end of the plan year   | •                  |                         |                                       |           |                         |                         |          |                  |                    |
| b Total number of participants at the end of the plan year   |                    |                         |                                       |           |                         |                         |          |                  |                    |
| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of active participants at the beginning of the plan year  | <b>5a</b> Total n  | number of participants  | at the beginning of the plan year.    |           |                         |                         |          |                  | 1                  |
| d(1) Total number of active participants at the beginning of the plan year   |                    |                         |                                       |           |                         |                         | 5b       | )                | 1                  |
| d(2) Total number of active participants at the end of the plan year   |                    |                         |                                       |           |                         |                         |          |                  |                    |
| Provided the second straight of the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator   | <b>d(1)</b> Tota   | al number of active pa  | rticipants at the beginning of the p  | lan year  | r                       |                         |          |                  | 1                  |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator  SIGN HERE   |                    |                         |                                       |           |                         |                         | 5d(2     | 2)               | 1                  |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  DANIEL RICHARDS  Enter name of individual signing as plan administrator  SIGN HERE   | than 100% vested   |                         |                                       |           |                         |                         |          |                  | 0                  |
| SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator  SIGN HERE  |                    |                         |                                       |           |                         |                         |          |                  |                    |
| SIGN HERE Filed with authorized/valid electronic signature. 10/15/2019 DANIEL RICHARDS  Signature of plan administrator Date Enter name of individual signing as plan administrator  SIGN HERE   | SB or Sche         | dule MB completed a     | nd signed by an enrolled actuary,     |           |                         |                         |          |                  |                    |
| Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN HERF   |                    |                         |                                       |           | 10/15/2019              | DANIEL RICHARDS         |          |                  |                    |
| HERE   | HERE               | Signature of plan a     | ndministrator                         |           | Date                    | Enter name of individ   | ual sigr | ning as plan adr | ministrator        |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor  |                    |                         |                                       |           |                         |                         |          |                  |                    |
|  | HERE               | Signature of emplo      | yer/plan sponsor                      |           | Date                    | Enter name of individ   | ual sigr | ning as employe  | er or plan sponsor |

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

|          | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan cannot be a support of the plan cannot be under the | an indepe<br>and condi | ndent qualified public a    | account | ant (IC | (PA)    |                | _            | П                    |
|----------|--|------------------------|-----------------------------|---------|---------|---------|----------------|--------------|----------------------|
| 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  |                        |                             |         |         |         |                | Not dete     | ermined<br>uctions.) |
| Pa       | rt III Financial Information   |                        |                             |         |         |         |                |              |                      |
| 7        | Plan Assets and Liabilities  |                        | (a) Beginning (             | of Year |         |         | (b) Er         | nd of Year   |                      |
| a        | Total plan assets  | 7a                     | 13                          | 52863   |         |         |                | 1438844      |                      |
| b        | Total plan liabilities   | 7b                     |                             | 0       |         |         |                |              |                      |
| <u> </u> | Net plan assets (subtract line 7b from line 7a)  | 7с                     | 139                         | 52863   |         |         |                | 1438844      |                      |
| 8        | Income, Expenses, and Transfers for this Plan Year   |                        | (a) Amoun                   | ıt      |         |         | (b             | ) Total      |                      |
| <u>а</u> | Contributions received or receivable from: (1) Employers   | 8a(1)                  | 1                           | 75000   |         |         |                |              |                      |
|          | (2) Participants   | 8a(2)                  |                             |         |         |         |                |              |                      |
|          | (3) Others (including rollovers)   | 8a(3)                  |                             |         |         |         |                |              |                      |
| b        | Other income (loss)  | 8b                     | -1                          | 89019   |         |         |                |              |                      |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                     |                             |         |         |         |                | 85981        |                      |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                     |                             |         |         |         |                |              |                      |
| е        | Certain deemed and/or corrective distributions (see instructions) $\dots$  | 8e                     |                             |         |         |         |                |              |                      |
| f        | Administrative service providers (salaries, fees, commissions)   | 8f                     |                             |         |         |         |                |              |                      |
| g        | Other expenses   | 8g                     |                             |         | _       |         |                |              |                      |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                     |                             |         |         |         |                | 0            |                      |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8i                     |                             |         |         |         |                | 85981        |                      |
|          | 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 3D  | feature co             | odes from the List of Plant | an Cha  | racteri | stic Co | odes in the in | nstructions: |                      |
| b        | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cod             | des from the List of Pla    | n Chara | acteris | tic 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 Program)   | oluntary F             | iduciary Correction         | 10a     |         | X       |                |              |                      |
| b        | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  |                        |                             | 10b     |         | Χ       |                |              |                      |
| С        | Was the plan covered by a fidelity bond?   |                        |                             | 10c     | X       |         |                | 400          | 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                    |                             | X       |         |         |                |              |                      |
| f        | Has the plan failed to provide any benefit when due under the plan   | n?                     |                             | 10f     |         | X       |                |              |                      |
| 9        | 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<br>    | 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 <b>3</b> - | 1 |
|---------------------|-----------------|---|

| Part   | VI Pension Funding Compliance   |        |       |                 |       |  |  |  |  |  |  |
|--|---|--------|-------|-----------------|-------|--|--|--|--|--|--|
| 11   | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)   |        | B<br> | X Yes           | s No  |  |  |  |  |  |  |
| 11a  | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  | 11a    |       |                 | 0     |  |  |  |  |  |  |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? |   |        |       |                 |       |  |  |  |  |  |  |
|  | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |        |       |                 |       |  |  |  |  |  |  |
| а  | 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    |       |                 |       |  |  |  |  |  |  |
| С  | Enter the amount contributed by the employer to the plan for this plan year   | 12c    |       |                 |       |  |  |  |  |  |  |
| d  | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)   | 12d    |       |                 |       |  |  |  |  |  |  |
| 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?   |        | Yes   | X No            |       |  |  |  |  |  |  |
|  | If "Yes," enter the amount of any plan assets that reverted to the employer this year   | 13a    |       |                 |       |  |  |  |  |  |  |
| b  | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |        |       | 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  | <b>3c(1)</b> Name of plan(s): 13c(2)  | EIN(s) |       | <b>13c(3)</b> 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  | r calendar p     | olan year 2018      | 8 or fiscal plan ye     | ear beginning 01   | /01/2018     |                     |                               | and endin         | ig 12/3   | 31/201  | 8          |                   |  |
|---|------------------|---------------------|-------------------------|--|--------------|---------------------|-------------------------------|-------------------|-----------|---------|------------|-------------------|--|
| Þ   | Round off        | amounts to          | nearest dollar.         |  |              |                     |                               |                   |           |         |            |                   |  |
| •   | Caution: A       | A penalty of \$     | 1,000 will be asse      | essed for late filing of                                       | this report  | t unless reasonal   | ble cause                     | e is establishe   | d.        |         |            |                   |  |
|   | Name of pla      |                     |                         |  | ENEET D      |                     |                               | B Three-di        | git       |         |            |                   |  |
|   | THE LAW (        | OFFICE OF M         | IARCIA E. KUSN          | IETZ PC DEFINED BE   | ENEFII PI    | LAN                 |                               | plan nun          | nber (PN  | l)      | •          | 001               |  |
|   |                  |                     |                         |  |              |                     |                               |                   |           |         |            |                   |  |
| С   | Plan spons       | or's name as        | shown on line 2a        | of Form 5500 or 5500   | 0-SF         |                     |                               | <b>D</b> Employer | Identific | ation N | Number (E  | EIN)              |  |
|   | THE LAW (        | OFFICE OF M         | IARCIA E. KUSN          | IETZ PC  |              |                     |                               |                   | 32-033    | 39103   |            | •                 |  |
|   |                  |                     |                         |  |              |                     |                               |                   |           |         |            |                   |  |
| E   | Type of plan     | : X Single          | Multiple-A              | Multiple-B   | F            | Prior year plan     | ı size: X                     | 100 or fewer      | 101-      | 500     | More th    | an 500            |  |
| F   | Part I           | Basic Info          | rmation                 |  |              |                     |                               |                   |           |         |            |                   |  |
| 1   |                  | valuation dat       |                         | 10nth Da   | ay <u>31</u> | Year <u>201</u>     | 8                             |                   |           |         |            |                   |  |
| 2   | Assets:          |                     |                         |  |              |                     |                               |                   |           |         |            |                   |  |
|   | <b>a</b> Market  | value               |                         |  |              |                     |                               |                   | . 2a      |         |            | 1263844           |  |
|   | <b>b</b> Actuar  | ial value           |                         |  |              |                     |                               |                   | . 2b      |         |            | 1263844           |  |
| 3   | Funding          | target/particip     | ant count breakd        | lown   |              |                     | ` '                           | umber of          |           |         | unding     | (3) Total Funding |  |
|   | <b>2</b> For ret | ired participar     | ate and heneficia       | ries receiving paymen  | nt.          |                     | parti                         | cipants<br>0      |           | Target  | 0          | Target 0          |  |
|   |                  |                     |                         | receiving paymen   |              |                     |                               | 0                 |           |         | 0          | 0                 |  |
|   |                  |                     |                         |  |              | -                   |                               | 1                 |           |         | 1216153    | 1216153           |  |
|   |                  |                     |                         |  |              |                     |                               | 1                 |           |         |            |                   |  |
| 4   |                  |                     |                         | box and complete line  |              | I .                 | П                             | I                 |           |         | 1216153    | 1216153           |  |
| 4   |                  |                     |                         |  |              |                     |                               |                   | 4-        |         |            |                   |  |
|   |                  | • •                 | σ σ.                    | ed at-risk assumptions   |              |                     |                               |                   | 4a        |         |            |                   |  |
|   |                  |                     |                         | mptions, but disregard<br>ecutive years and disr               |              |                     |                               |                   | 4b        |         |            |                   |  |
| 5   |                  |                     |                         |  |              |                     |                               |                   | 5         |         | 5.80 %     |                   |  |
| 6   | Target no        | ormal cost          |                         |  |              |                     |                               |                   | 6         |         |            | 173736            |  |
| Sta   | •                | Enrolled Act        | •                       |  |              |                     |                               |                   |           |         |            |                   |  |
|   | accordance wi    | th applicable law a | and regulations. In my  | in this schedule and accompa<br>opinion, each other assumption |              |                     |                               |                   |           |         |            |                   |  |
|   | combination, o   | ffer my best estim  | ate of anticipated expe | erience under the plan.  |              |                     |                               |                   |           |         |            |                   |  |
|   | SIGN             |                     |                         |  |              |                     |                               |                   |           |         |            |                   |  |
|   | HERE             |                     |                         |  |              |                     |                               |                   |           | (       | 09/23/201  | 9                 |  |
|   |                  |                     | Signa                   | ture of actuary  |              |                     |                               |                   |           |         | Date       |                   |  |
|   | DANIEL F. F      | RICHARDS            |                         |  |              |                     |                               |                   |           |         | 17-03990   |                   |  |
| Type or print name of actuary PENSION & PROFIT SHARING PLANNING |                  |                     |                         |  |              |                     | Most recent enrollment number |                   |           |         |            |                   |  |
|   | PENSION &        | PROFIT SHA          |                         |  |              |                     |                               |                   |           |         | 16-524-87  |                   |  |
| F   | P.O. BOX 30      | )38                 | F                       | Firm name  |              |                     |                               | 16                | elephone  | numb    | er (includ | ing area code)    |  |
|   |                  | RG, NJ 07093        | 3                       |  |              |                     |                               |                   |           |         |            |                   |  |
|   |                  |                     |                         | ***  |              |                     |                               |                   |           |         |            |                   |  |
|   |                  |                     | Add                     | ress of the firm   |              |                     |                               |                   |           |         |            |                   |  |
|   | e actuary ha     | as not fully ref    | lected any regula       | ation or ruling promulg  | ated unde    | er the statute in c | completin                     | g this schedul    | e, check  | the bo  | ox and see | e 🗌               |  |

| Page 2 | 2 - | 1 |
|--------|-----|---|
|--------|-----|---|

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

| P  | art II  | Begin       | ning of Year                    | Carryov       | er and Prefunding B                           | alanc     | es                |             |                      |           |         |                |                     |
|----|---|-------------|---------------------------------|---------------|---|-----------|-------------------|-------------|----------------------|-----------|---------|----------------|---------------------|
|    |   |             |                                 |               |   |           |                   | (a) C       | arryover balan       | се        | (b) F   | refundir       | ig balance          |
| 7  |   | •           | 0 , ,                           |               | able adjustments (line 13 fr                  |           |                   |             |                      | 0         |         |                | 0                   |
| 8  |   |             |                                 | ,             | nding requirement (line 35                    |           |                   |             |                      | 0         |         |                | 0                   |
| 9  | Amount i  | remaining   | g (line 7 minus line            | 8)            |   |           |                   |             |                      | 0         |         |                | 0                   |
| 10 | Interest of   | on line 9 เ | using prior year's              | actual retu   | rn of <u>9.13</u> %                           |           |                   |             |                      | 0         |         |                | 0                   |
| 11 |   |             |                                 |               | to prefunding balance:                        |           |                   |             |                      |           |         |                |                     |
|    | •   |             |                                 |               | 88a from prior year)                          |           |                   |             |                      |           |         |                | 170207              |
|    |   |             |                                 |               | over line 38b from prior yes interest rate of |           |                   |             |                      |           |         |                | 9736                |
|    | ` '   |             | •                               | •             | dule SB, using prior year's                   |           |                   |             |                      |           |         |                | 9730                |
|    | <b>C</b> Total a  | vailable a  | t beginning of curre            | ent plan yea  | er to add to prefunding baland                | ce        |                   |             |                      |           |         |                | 179943              |
|    | <b>d</b> Portion  | n of (c) to | be added to prefu               | unding bala   | ance  |           |                   |             |                      |           |         |                | 0                   |
| 12 | Other red   | ductions i  | n balances due to               | elections     | or deemed elections                           |           |                   |             |                      | 0         |         |                | 0                   |
| 13 | 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) |             |                                 |               |   |           |                   |             |                      |           | 0       |                |                     |
| Р  | art III   | Fun         | ding Percenta                   | ages          |   |           |                   |             |                      |           |         |                |                     |
| 14 | Funding   |             |                                 | <u> </u>      |   |           |                   |             |                      |           |         | 14             | 103.92%             |
|    |   |             |                                 |               | )   |           |                   |             |                      |           |         | 15             | 103.92%             |
| 16 |   |             |                                 |               | of determining whether carr                   |           |                   |             |                      | to reduce | current | 16             | 123.77%             |
| 17 |   |             |                                 |               | less than 70 percent of the                   |           |                   |             |                      |           |         | 17             | %                   |
| Р  | art IV  | Con         | tributions and                  | d Liquid      | ity Shortfalls                                |           |                   |             |                      |           |         |                |                     |
| 18 |   |             |                                 |               | ar by employer(s) and emp                     | loyees:   |                   |             |                      |           | _       |                |                     |
| (1 | (a) Date<br>MM-DD-Y   |             | <b>(b)</b> Amount p<br>employer | -             | (c) Amount paid by employees                  | (M        | (a) Dat<br>M-DD-Y |             | (b) Amount<br>employ |           | (0      | Amour<br>emplo | nt paid by<br>eyees |
| C  | 9/08/2019   | )           |                                 | 175000        |   |           |                   |             |                      |           |         |                |                     |
|    |   |             |                                 |               |   |           |                   |             |                      |           |         |                |                     |
|    |   |             |                                 |               |   |           |                   |             |                      |           |         |                |                     |
|    |   |             |                                 |               |   |           |                   |             |                      |           |         |                |                     |
|    |   |             |                                 |               |   |           |                   |             |                      |           |         |                |                     |
|    |   |             |                                 |               |   | Total     | ls ▶              | 18(b)       |                      | 17500     | 0 18(c) |                | 0                   |
| 19 | Discount  | ed emplo    | yer contributions               | - see instr   | uctions for small plan with a                 | a valuati | ion date          |             | beginning of th      |           |         | •              |                     |
|    | <b>a</b> Contril  | butions a   | llocated toward ur              | paid minin    | num required contributions                    | from pr   | ior years         | S           |                      | 19a       |         |                | 0                   |
|    | <b>b</b> Contrib  | outions m   | ade to avoid restr              | ictions adj   | usted to valuation date                       |           |                   |             |                      | 19b       |         |                | 0                   |
|    | <b>c</b> Contrib  | outions all | ocated toward mini              | mum requi     | red contribution for current ye               | ear adju  | sted to va        | aluation da | ate                  | 19c       |         |                | 168345              |
| 20 | Quarterly   | / contribu  | tions and liquidity             | shortfalls:   |   | -         |                   |             |                      |           |         |                |                     |
|    | a Did the   | e plan ha   | ve a "funding sho               | tfall" for th | e prior year?                                 |           |                   |             |                      |           |         |                | Yes X No            |
|    | <b>b</b> If line  | 20a is "Y   | es," were required              | quarterly     | installments for the current                  | year ma   | ade in a          | timely ma   | anner?               |           |         |                | Yes No              |
|    | C If line   | 20a is "Y   | es," see instruction            | ns and con    | nplete the following table as                 | s applica | able:             |             |                      |           |         |                |                     |
|    |   |             |                                 |               | Liquidity shortfall as of er                  | nd of qu  | arter of t        |             |                      |           |         |                |                     |
|    |   | (1) 1s      | t                               |               | (2) 2nd                                       |           |                   | (3)         | 3rd                  |           |         | (4) 4th        |                     |
|    |   |             |                                 |               |   |           |                   |             |                      |           |         |                |                     |

| P  | art V             | Assumpti          | ons Used t       | to Determine        | Funding 1         | Target and Tar                         | get Norma      | al Cost               |             |                   |                |
|----|-------------------|-------------------|------------------|---------------------|-------------------|--|----------------|-----------------------|-------------|-------------------|----------------|
| 21 | Discount          | rate:             |                  |                     |                   |  |                |                       |             |                   |                |
|    | <b>a</b> Segm     | ent rates:        | 1st s            | egment:<br>3.92%    | 2nd               | d segment:<br>5.52%                    | 3              | rd segment:<br>6.29 % |             | N/A, full yi      | eld curve used |
|    | <b>b</b> Applic   | able month (er    | nter code)       |                     |                   |  |                |                       | 21b         |                   | 0              |
| 22 | Weighted          | d average retir   | ement age        |                     |                   |  |                |                       | 22          |                   | 62             |
| 23 | Mortality         | table(s) (see     | instructions)    | Prior regulation    | n:                | Prescribed - com                       | bined          | Prescribed            | l - separat | te Subs           | titute         |
|    |                   |                   |                  | Current regula      | tion:             | Prescribed - com                       | bined          | Prescribed            | l - separat | te Subs           | titute         |
| Pa | art VI            | Miscellane        | ous Items        |                     | ····              |  |                | ]                     |             |                   |                |
| 24 | Has a ch          | ange been ma      | ade in the non-  | prescribed actua    | rial assumptio    | ons for the current p                  | olan year? If  | "Yes," see ir         | nstructions | s regarding requi | red            |
|    |                   | -                 |                  |                     |                   |  | -              |                       |             |                   |                |
| 25 | Has a me          | ethod change l    | been made for    | r the current plan  | year? If "Yes     | s," see instructions                   | regarding red  | quired attach         | ment        |                   | Yes X No       |
| 26 | Is the pla        | n required to p   | provide a Sche   | edule of Active P   | articipants? If   | "Yes," see instruct                    | ions regardin  | ig required a         | ttachmen    | t                 | X Yes No       |
| 27 |                   |                   |                  | nding rules, enter  |                   | de and see instruct                    | ions regardir  | ng                    | 27          |                   |                |
| P  | art VII           | Reconcili         | ation of Un      | paid Minimu         | ım Require        | ed Contribution                        | ns For Pri     | or Years              | •           |                   |                |
| 28 | Unpaid n          | ninimum requii    | red contributio  | ns for all prior ye | ars               |  |                |                       | 28          |                   | 0              |
| 29 |                   |                   |                  |                     | •                 | m required contribu                    |                | -                     | 29          |                   | 0              |
| 30 | •                 |                   |                  |                     |                   | 28 minus line 29)                      |                |                       | 30          |                   | 0              |
| Pa | art VIII          | Minimum           | Required (       | Contribution        | For Curre         | nt Year                                |                |                       |             |                   |                |
| 31 |                   |                   |                  | ts (see instruction |                   |  |                |                       |             |                   |                |
|    |                   |                   |                  |                     |                   |  |                |                       | 31a         |                   | 173736         |
|    | <b>b</b> Excess   | s assets, if app  | olicable, but no | ot greater than lin | e 31a             |  |                |                       | 31b         |                   | 47691          |
| 32 | Amortiza          | tion installmen   | nts:             | -                   |                   |  | Outst          | anding Bala           | nce         | Insta             | llment         |
|    | a Net sh          | ortfall amortiza  | ation installmer | nt                  |                   |  |                |                       | 0           |                   | 0              |
|    | <b>b</b> Waive    | r amortization    | installment      |                     |                   |  |                |                       | 0           |                   | 0              |
| 33 |                   |                   |                  |                     |                   | ne ruling letter gran<br>waived amount |                |                       | 33          |                   |                |
| 34 | Total fun         | ding requireme    | ent before refle | ecting carryover/   | prefunding bal    | lances (lines 31a -                    | 31b + 32a +    | 32b - 33)             | 34          |                   | 126045         |
|    |                   |                   |                  |                     |                   | over balance                           |                | unding balan          | ice         | Total I           | balance        |
| 35 |                   | s elected for us  |                  | -                   |                   | 0                                      |                |                       | 0           |                   | 0              |
| 36 | Additiona         | al cash require   | ment (line 34 r  | minus line 35)      |                   |  |                |                       | 36          |                   | 126045         |
| 37 |                   |                   |                  | •                   |                   | urrent year adjusted                   |                | ,                     | 37          |                   | 168345         |
| 38 | Present           | value of exces    | s contributions  | for current year    | (see instruction  | ons)                                   |                |                       | I           |                   |                |
|    | a Total (e        | excess, if any,   | of line 37 over  | r line 36)          |                   |  |                |                       | 38a         |                   | 42300          |
|    | <b>b</b> Portion  | n included in lir | ne 38a attributa | able to use of pre  | efunding and f    | unding standard ca                     | arryover balar | nces                  | 38b         |                   |                |
| 39 | Unpaid n          | ninimum requii    | red contributio  | n for current yea   | r (excess, if ar  | ny, of line 36 over li                 | ne 37)         |                       | 39          |                   | 0              |
| 40 | Unpaid n          | ninimum requii    | red contributio  | ns for all years    |                   |  |                |                       | 40          |                   | 0              |
| Pa | rt IX             | Pension           | Funding R        | elief Under F       | ension Re         | lief Act of 201                        | 0 (See Ins     | tructions             | )           |                   |                |
| 41 | If an elec        | tion was made     | to use PRA 2     | 2010 funding relie  | of for this plan: | :                                      |                |                       |             |                   |                |
|    | <b>a</b> Schedu   | ule elected       |                  |                     |                   |  |                |                       |             | 2 plus 7 years    | 15 years       |
|    | <b>b</b> Eligible | e plan year(s) f  | for which the e  | election in line 41 | a was made .      |  |                |                       | 20          | 08 <b>2009 2</b>  | 2011           |

### 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 filled 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).

OMB Nos, 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation   | Complete all entries  | In accordance with the less  | tructions to the Form 5500-9   | Public Inspection  |
|--|---|--|--|--|
| Part M Annual Report   | Identification Informatic   | )n   | A TOTAL SOLUE  |  |
| For calendar plan year 2018 or fi  |   | 01/01/2018   | and ending   | 12/31/2018   |
| A This return/report is for:   | a single-employer plan a one-participant plan   | a multiple-employer p list of participating ei a foreign plan  | lan (not multiemployer) (Filera<br>mployer information in accorde  | checking this box must attach a<br>ince with the form instructions.) |
| B This return/report is  | the first return/report   | the final return/report  | rn/report (less than 12 months   | 1  |
| C Check box if filing under:   | Form 5558 special extension (enter de   | automatic extension  |  | FVC program  |
| Panella Basic Plan Info  | rmation—enter all requested   | Information  |  |  |
| <b>1a Name of plan</b><br>The Law Office of Ma<br>Benefit Plan   | arcia E. Kusnetz PC   | Defined  | 1b   | Three-digit plan number (PN) > 001.                                  |
|  | Asia Cara   |  |  | 01/01/2012   |
| 2a Plan sponsor's name (employ<br>Mailing address (include room<br>City or town, state or province<br>The Law Office of Ma | Ant suite on and street or D  | O DAV  | ructions)  | Employer Identification Number (EIN)32-0339103                       |
| DC TAW OLLICE OF WA  | rcia E. Kusnetz   |  |  | Sponsor's telephone number (914) 864-2114                            |
| 2 International Driv<br>Sulte 1700<br>Rye Brook  | <b>/</b> •  | NY   |  | Business code (see instructions) 541110                              |
| Ba Plan administrator's name an  | d address X Same as Plan Sp   | onsor.   | 1  | Administrator's EIN  |
|  |   |  | * * * * * * * * * * * * * * * * * * *  | 400  |
|  |   |  |  | Administrator's telephone number                                     |
| if the name and/or EIN of the<br>this plan, enter the plan spon<br>a Sponsor's name<br>C Plan Name                         | plan sponsor or the plan name<br>sors name, EIN, the plan name  | has changed since the last n<br>and the plan number from t   | eturn/report filed for he last return/report.  4d  |  |
| a Total number of participants a   | Ek K  |  |  |  |
| D Total number of participants a   | it the beginning of the plan year<br>it the end of the plan year  | teriologica (production de la company de |  |  |
| <ul> <li>Number of participants with a</li> </ul>  | ccount balances as of the end o   | f the plan year (only defined  | confiduation plans   |  |
| complete this nerty  | (Aretitaeneespringeries) to create section and consequent   |  | and the state of t |  |
| d(1) Total number of active part   | cipants at the beginning of the   | plan year  | 5d(  |  |
| d(2) Total number of active part<br>Number of participants who to<br>than 100% vested                                      | erminated employment during the   | ne plan year with accrued be   | nefits that were less 50   |  |
| annous w bensity for me iste of  | r incomplete tiling of this retu<br>er penalties set forth in the instru<br>I sloned by an enrolled actuary | rn/report will be assessed   | uniese reasonable cause is   | established.   |
|  | 1 G Rees wer  | 7 10/14/19   | Marcia E. Kusnetz  |  |
| Signature of plan ad   |   | Date   | Enter name of Individual sig   | ning as plan administrator   |
| 1// Orc-   | - E. Keis Well  | 10/14/19   | Marcia E. Kusnetz  |  |
| Signature of employ  | er/plan sponsor   | Date /   | Entername of individual sig  | ning as employer of plan sponsor                                     |

| 6a<br>b | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility<br>If you answered "No" to either line 6a or line 6b, the plan cann | an indeper<br>and condit | ndent qualified public  | accoun   | tant (IC | QPA)    |               | _  | Yes No                       |
|---------|---|--------------------------|-------------------------|----------|----------|---------|---------------|--|------------------------------|
| 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   | nsurance p               | rogram (see ERISA s     | ection 4 | 4021)?   | [       | Yes X N       |  | ot determined instructions.) |
| Pa      | rt III Financial Information  |                          |                         |          |          |         |               |  |                              |
| 7       | Plan Assets and Liabilities   |                          | (a) Beginning           | of Yea   | r T      |         | (b) E         | nd of Yea  | ır                           |
| а       | Total plan assets   | 7a                       |                         | 352,     | _        |         | (5) =         | The state of the s | 1,438,844                    |
| b       | Total plan liabilities  | 7b                       |                         |          | 0        |         |               |  |                              |
| С       | Net plan assets (subtract line 7b from line 7a)   | 7c                       | 1,                      | 352,     | 863      |         |               |  | 1,438,844                    |
| 8       | Income, Expenses, and Transfers for this Plan Year  |                          | (a) Amour               | -        |          |         | (1            | o) Total   |                              |
| a       | Contributions received or receivable from: (1) Employers  | 8a(1)                    | (4) 7411041             | 175,     | 000      |         |               | o, rotar   |                              |
|         | (2) Participants  | 8a(2)                    |                         |          |          |         |               |  | The second                   |
|         | (3) Others (including rollovers)  | 8a(3)                    |                         |          |          |         |               |  | ejine ar                     |
| b       | Other income (loss)   | 8b                       |                         | -89,     | 019      |         | 48.0.22       |  |                              |
|         | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                       |                         |          |          |         |               |  | 85,981                       |
|         | 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                            |
|         | Net income (loss) (subtract line 8h from line 8c)   | 8i                       |                         |          |          |         |               |  | 85,981                       |
| 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 3D   | feature co               | des from the List of Pl | an Cha   | racteri  | stic Co | odes in the i | nstruction   | s:                           |
| b       | If the plan provides welfare benefits, enter the applicable welfare fe  | eature cod               | es from the List of Pla | n Char   | acteris  | tic Cod | des in the in | structions   | :                            |
| Par     | t V Compliance Questions  | NA.                      |                         |          |          |         |               |  |                              |
| 10      | During the plan year:   |                          |                         |          | Yes      | No      |               | Amoun  | t                            |
| а       | Was there a failure to transmit to the plan any participant contribut 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 reported on line 10a.)   | ? (Do not i              | nclude transactions     | 10b      |          | х       |               |  |                              |
| С       | Was the plan covered by a fidelity bond?  |                          |                         | 10c      | х        |         |               |  | 40,000                       |
| 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 plan  | 1?                       |                         | 10f      |          | Х       |               |  |                              |
| g       | Did the plan have any participant loans? (If "Yes," enter amount as   | of year-e                | nd.)                    | 10g      |          | х       |               |  |                              |
| h       | If this is an individual account plan, was there a blackout period? ( 2520.101-3.)  | See instru               | ctions and 29 CFR       | 10h      |          |         |               |  |                              |
| i       | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  | e required               | notice or one of the    | 10i      |          |         |               |  |                              |

| Form | 5500-SF | (2018) |
|------|---------|--------|
|      |         |        |

| Page | 2  |
|------|----|
| raue | J- |

| D .   | w [5] :   |              |           |     |                          |       |  |  |  |
|---|---|--------------|-----------|-----|--------------------------|-------|--|--|--|
| 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 (Form 5500) and line 11a below) |   |              |           |     |                          |       |  |  |  |
| 11a   | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  |              |           |     |                          | 0     |  |  |  |
| 12  | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?   | e or section | n 302 of  | f   | . Yes                    | No X  |  |  |  |
|   | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |              |           |     |                          |       |  |  |  |
|   | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructured granting the waiver   | ith          | d enter t |     | of the letter ru<br>Year | uling |  |  |  |
| 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       |     |                          |       |  |  |  |
| c   | Enter the amount contributed by the employer to the plan for this plan year   |              | 12c       |     |                          |       |  |  |  |
| d   |   | of a         | 12d       |     |                          |       |  |  |  |
| е   | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |              |           | Yes | No 📗                     | N/A   |  |  |  |
| Part  | VII Plan Terminations and Transfers of Assets   |              |           |     |                          |       |  |  |  |
| 13a   | Has a resolution to terminate the plan been adopted in any plan year?   |              |           | Yes | X No                     |       |  |  |  |
|   | If "Yes," enter the amount of any plan assets that reverted to the employer this year   |              | 13a       |     |                          |       |  |  |  |
| b   | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?   | under the    |           |     | Yes X 1                  | No    |  |  |  |
| С   | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) |              |           |     |                          |       |  |  |  |
|   | I3c(1) Name of plan(s):   | 13c(2)       | EIN(s)    |     | 13c(3) P                 | N(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.

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018  |  | and endir                             | ıq                            | 12/3                                   | 1/2018   |
|---|--|---------------------------------------|-------------------------------|--|--|
| Round off amounts to nearest dollar.  |  |                                       |                               | 7,000,000                              | 50 · 10000000000000000000000000000000000             |
| Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason   | nable cause is                             | s establishe                          | d.                            |  |  |
| A Name of plan The Law Office of Marcia E. Kusnetz PC Defined Benefit Plan  | В  | Three-di                              | 100                           | •                                      | 001  |
|   |  |                                       |                               |  |  |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>The Law Office of Marcia E. Kusnetz<br>PC  | D  | Employer<br>32-033                    |                               | on Number (E                           | EIN)   |
| E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year pl  | an size: X 10                              | 00 or fewer                           | 101-50                        | 0 More th                              | an 500   |
| Part I Basic Information  |  |                                       | a manual super-               |  |  |
|   | 2018                                       |                                       |                               |  | · · · · · · · · · · · · · · · · · · ·                |
| 2 Assets:   |  |                                       |                               |  |  |
| a Market value  |  |                                       | . 2a                          |  | 1,263,844  |
| <b>b</b> Actuarial value  |  |                                       | 2b                            |  | 1,263,844  |
| 3 Funding target/participant count breakdown  | (1) Num<br>particip                        | ber of                                | (2) Veste                     | ed Funding<br>rget                     | (3) Total Funding<br>Target                          |
| a For retired participants and beneficiaries receiving payment  |  | 0                                     |                               | 0                                      | 0  |
| <b>b</b> For terminated vested participants   |  | 0                                     |                               | 0                                      | 0  |
| C For active participants   |  | 1                                     | 1,2                           | 1,216,153                              |  |
| d Total   |  | 1                                     | 1,2                           | 1,216,153 1,216                        |  |
| 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 pla at-risk status for fewer than five consecutive years and disregarding loading factor.   | ins that have I                            | neen in                               |                               |  |  |
| 5 Effective interest rate   |  |                                       |                               |  | 5.80%  |
| 6 Target normal cost  |  |                                       | 6                             |  | 173,736  |
| Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements an accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan. | d attachments, if a<br>ount the experience | any, is complete<br>se of the plan ar | and accurate<br>nd reasonable | . Each prescribed<br>expectations) and | assumption was applied in such other assumptions, in |
| HERE Merch T. Cut   |  | -                                     | (                             | 9/23/20:                               | 19   |
| Signature of actuary  |  |                                       |                               | Date                                   |  |
| Daniel F. Richards  |  |                                       |                               | 17-03990                               |  |
| Type or print name of actuary Pension & Profit Sharing Planning   |  |                                       |                               | ent enrollmen<br>46) 524-8             |  |
| P.O. Box 3038   | 5  | Tel                                   | ephone nu                     | mber (includi                          | ng area code)  |
| Guttenberg NJ 07093   |  |                                       |                               |  |  |
| Address of the firm   |  |                                       |                               |  |  |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute in  | completing th                              | is schedule                           | , check the                   | box and see                            | П  |

| Page 2 - |
|----------|
|----------|

| P  | art II Beginning of Yea  | r Carryove       | er and Prefunding Ba   | lances       |                |                                  |           |         |                    |         |       |
|----|--|------------------|--|--------------|----------------|----------------------------------|-----------|---------|--------------------|---------|-------|
|    |  |                  |  |              | (a) C          | arryover balan                   | ce        | (b) F   | refundi            | ng bala | nce   |
|    | Balance at beginning of prior yearyeary  |                  |  |              |                |                                  | 0         |         |                    |         | 0     |
| 8  | 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) |                  |  |              |                |                                  |           |         |                    |         | 0     |
| 9  | 9 Amount remaining (line 7 minus line 8)   |                  |  |              |                |                                  |           |         |                    |         | 0     |
| 10 | 0 Interest on line 9 using prior year's actual return of 9.13%                                 |                  |  |              |                |                                  |           |         |                    |         | 0     |
| 11 |  |                  |  |              |                |                                  |           |         |                    |         |       |
|    | a Present value of excess contrib  | utions (line 3   | Ba from prior year)  |              |                |                                  |           |         |                    | 1       | 70207 |
|    |  | ar's effective   | interest rate of5.72 %   |              |                | California con<br>Sea California |           |         |                    |         | 9736  |
|    | b(2) Interest on line 38b from pri   |                  |  |              |                |                                  |           |         |                    |         | 3736  |
|    | return  C Total available at beginning of cu   |                  | to add to profunding belones   |              |                | 40.00                            |           |         |                    |         |       |
|    |  | -1 -4 2          | 50 (b.s. 100 Cut (1762) - 1944 (1964) - 1970 (1964) (1970) - 1970 (1964) (1970) (1970) (1970) (1970) (1970) (1 |              |                |                                  |           |         |                    | 1       | 79943 |
|    | d Portion of (c) to be added to pro-   | efunding bala    | nce  |              |                |                                  |           |         |                    |         | 0     |
| 12 | Other reductions in balances due   | to elections o   | r deemed elections   |              |                |                                  | 0         |         |                    |         | 0     |
| 13 | Balance at beginning of current ye   | ear (line 9 + li | ne 10 + line 11d - line 12)  |              |                |                                  | 0         |         |                    |         | 0     |
| Р  | art III Funding Percen   | tages            |  |              |                |                                  |           |         |                    |         |       |
| 14 | Funding target attainment percen   | tage             |  |              |                |                                  |           |         | 14                 | 103     | .92%  |
| 15 | Adjusted funding target attainmen  | t percentage.    |  |              |                |                                  |           |         | 15                 | 103     | .92%  |
| 16 | Prior year's funding percentage for year's funding requirement                                 | r purposes of    | determining whether carryo   | ver/prefund  | ding balance   | s may be used                    | to reduce | current | 16                 | 123     | .77%  |
| 17 | If the current value of the assets of  | of the plan is l | ess than 70 percent of the fu  | ınding targe | et, enter suc  | h percentage                     |           |         | 17                 |         | %     |
| Р  | art IV Contributions a   | nd Liquidi       | ty Shortfalls  |              |                |                                  |           |         |                    |         |       |
| 18 | Contributions made to the plan for   | the plan yea     | r by employer(s) and employ  | /ees:        |                |                                  |           |         |                    |         |       |
| // | (a) Date (b) Amount employed   |                  | (c) Amount paid by<br>employees  | (a) D        |                | (b) Amount                       |           | (c      | (c) Amount paid by |         |       |
|    |  | 175,000          | employees  | (MM-DD       | -1111)         | employe                          | er(S)     |         | emple              | oyees   |       |
|    |  |                  |  |              |                |                                  |           |         |                    |         |       |
|    |  |                  |  |              |                |                                  |           |         |                    |         |       |
|    |  |                  |  |              |                |                                  |           |         |                    |         |       |
|    |  |                  |  | Totals ▶     | 18(b)          | 1                                | 75,000    | 18(c)   |                    |         | 0     |
| 19 | Discounted employer contributions  | s – see instruc  | ctions for small plan with a v   | aluation da  | te after the b | eginning of the                  | year:     |         |                    |         |       |
|    | a Contributions allocated toward   | unpaid minimu    | um required contributions fro  | m prior yea  | ars            |                                  | 19a       |         |                    |         | 0     |
|    | <b>b</b> Contributions made to avoid res   | trictions adjus  | sted to valuation date   |              |                |                                  | 19b       |         |                    |         | 0     |
|    | c Contributions allocated toward mi  | nimum require    | d contribution for current year  | adjusted to  | valuation da   | te                               | 19c       |         |                    | 168     | 3,345 |
| 20 | Quarterly contributions and liquidit   | y shortfalls:    |  |              |                |                                  |           |         |                    |         |       |
|    | a Did the plan have a "funding sh  | ortfall" for the | prior year?  |              |                |                                  |           |         |                    | Yes 2   | No    |
|    | b If line 20a is "Yes," were require   | ed quarterly in  | stallments for the current ye  | ar made in   | a timely mai   | nner?                            |           |         |                    | Yes     | No    |
|    | c If line 20a is "Yes," see instructi  | ons and comp     | olete the following table as a   | pplicable:   |                |                                  |           |         |                    |         |       |
|    |  |                  | Liquidity shortfall as of end  | of quarter o |                |                                  |           |         |                    |         |       |
|    | (1) 1st  |                  | (2) 2nd  |              | (3) 3          | rd                               |           | (-      | 4) 4th             |         |       |
|    |  |                  |  |              |                |                                  |           |         |                    |         |       |

| F   | Part V Assumpti                         | ions Used to Determine   | Funding Target and Tar   | get Normal Cost          |            |                            |
|-----|---|--|--|--------------------------|------------|----------------------------|
| 21  | Discount rate:                          |  | 0  | 9                        |            |                            |
|     | a Segment rates:                        | 1st segment:<br>3.92 %   | 2nd segment:<br>5 . 52 %   | 3rd segment:<br>6.29 %   |            | N/A, full yield curve used |
|     | <b>b</b> Applicable month (er           | nter code)   |  |                          | 21b        | 0                          |
| _22 | Weighted average retir                  | rement age   |  |                          | 22         | 62                         |
| 23  | Mortality table(s) (see                 | instructions) Prior regulatio  | n: Prescribed - com  | oined Prescribe          | d - separa | te Substitute              |
|     |   | Current regula   | ition: X Prescribed - com  | pined Prescribe          | d - separa | te Substitute              |
| Pa  | art VI Miscellane                       | ous Items  |  |                          |            |                            |
| 24  |   |  | arial assumptions for the current p                              |                          |            |                            |
| 25  | Has a method change                     | been made for the current plar   | year? If "Yes," see instructions                                 | egarding required attach | nment      | Yes 🗓 No                   |
| 26  | Is the plan required to p               | provide a Schedule of Active P   | articipants? If "Yes," see instructi                             | ons regarding required a | attachmen  | t                          |
| 27  | If the plan is subject to               | alternative funding rules, enter   | applicable code and see instruct                                 | ons regarding            | 27         |                            |
| Р   |   | The Contract | ım Required Contribution   |                          |            |                            |
| 28  | Unpaid minimum requir                   | red contributions for all prior ye   | ears   |                          | 28         | 0                          |
|     | (line 19a)                              |  | inpaid minimum required contribu                                 |                          | 29         | 0                          |
| 30  |   |  | ibutions (line 28 minus line 29)                                 |                          | 30         | 0                          |
| Pa  | art VIII Minimum                        | Required Contribution  | For Current Year   |                          |            |                            |
| 31  | Target normal cost and                  | d excess assets (see instruction   | ns):   |                          |            |                            |
|     |   |  |  |                          | 31a        | 173,736                    |
|     |   |  | e 31a  |                          | 31b        | 47,691                     |
| 32  | Amortization installmen                 |  |  | Outstanding Bala         | nce        | Installment                |
|     |   |  |  |                          | 0          | 0                          |
| 22  |   |  |  |                          | 0          | 0                          |
|     | (Month Da                               | ay Year  | r the date of the ruling letter grant<br>) and the waived amount |                          | 33         |                            |
| 34  | Total funding requireme                 | ent before reflecting carryover/p  | orefunding balances (lines 31a - 3                               | 1b + 32a + 32b - 33)     | 34         | 126,045                    |
|     |   |  | Carryover balance  | Prefunding balan         | ice        | Total balance              |
| 35  | Balances elected for us requirement     | se to offset funding   | 0  |                          | 0          | 0                          |
| 36  | Additional cash requirer                | ment (line 34 minus line 35)   |  |                          | 36         | 126,045                    |
| 37  |   |  | ribution for current year adjusted                               |                          | 37         | 168,345                    |
| 38  | Present value of excess                 | s contributions for current year   | (see instructions)   |                          |            |                            |
|     | a Total (excess, if any,                | of line 37 over line 36)   |  |                          | 38a        | 42,300                     |
|     |   |  | funding and funding standard car                                 |                          | 38b        |                            |
|     |   |  | (excess, if any, of line 36 over lin                             |                          | 39         | 0                          |
|     |   |  |  |                          | 40         | 0                          |
|     | 190000000000000000000000000000000000000 |  | ension Relief Act of 2010  | (See Instructions        | )          |                            |
|     |   | to use PRA 2010 funding relie  |  | *                        |            |                            |
|     |   |  |  |                          |            |                            |
|     | <b>b</b> Eligible plan year(s) for      | or which the election in line 41a  | a was made   |                          | 200        | 08 2009 2010 2011          |

#### Schedule SB, Part V - Summary of Plan Provisions

**Eligibility Requirements** Service/Participation Requirements

Definition of years: Age (yrs): 21 Hours worked

Continuing hours: Age (months): 0 1,000

**Excluded classes:** Wait (months): 12 Union Members Two year eligibility: No Non-resident alien

**Earnings** 

Total compensation excluding:

403(b) Cafeteria Other

Prior to participation 415 prior to participation

Normal Retirement **Early Subsidized Early Disability Death** 

65 Age: 0 Service: 5 Participation:

Date of event Defined:

Benefit Reduction / Mortality table & setback

Male: Actuarial Equivalence Actuarial Equivalence N/A 0 Female: Actuarial Equivalence Actuarial Equivalence 0 N/A

N/A N/A N/A Rates - Male: Rates - Female: N/A N/A N/A

Use Social Security Retirement Age: No

2/20 **Vesting Schedule:** 

Hours Worked **Vesting Definition:** 

**REACT Benefits Percentage:** 50.00%

Pre-retirement death benefit

Percentage of accrued benefit: 100.00% Death Benefit Payment method: PVAB

**Annuity** Percent Years Normal: Life only 0 0.00% QJSA: 0 Joint and contingent 50.00%

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

The Law Office of Marcia E. Kusnetz PC Defined Benefit Plan

Plan Sponsor's EIN:

32-0339103

Plan Number:

001

### Schedule SB, Part V - Summary of Plan Provisions

**Benefits** 

Pension Formula:

Benefit formula

Type of Formula:

Unit benefit non-integrated

**Effective Date:** 

01/01/2012

Unit type:

Percent Service 0.00%

Unit based on: Maximum total percent: Tiers based on:

Years

First tier: Second tier: Third tier:

12.50% 0.00%

for 1st for next

0.00%

for remaining yrs

8

0

Maximum credit:

Past vears:

None None

Future years: Total years:

None

Averaging

Projection method:

**Current Compensation** 

Apply exclusion to accrued benefit: Annualize short compensation years:

No No

Based on: Highest:

Final Average 5

Annualize short plan years:

No

In the last: **Excluding:**  0 0

Include compensations based on years of:

Service

Accrual

Frozen:

No

Continuing

Definition of years:

Hours worked

Died

1000 1000

Fractions based on: N/A

1000

Accrual credit:

**Disabled** 1000

Retired Terminated 1000

Precision:

N/A Limit current credit N/A

to:

Years based on:

Participation

Cap/floor years:

Maximum past accrual years:

0.0000

Cap or floor:

Cap

Method:

Unit accrual

Accrual % per year: Apply 415 before accrual:

12.50% No

Name of Plan:

The Law Office of Marcia E. Kusnetz PC Defined Benefit Plan

Plan Sponsor's EIN:

32-0339103

Plan Number:

001

#### Schedule SB, Part V - Statement of Actuarial Assumptions

#### **Target Assumptions:**

Male Nonannuitant:

2018 Nonannuitant Male

Female Nonannuitant:

2018 Nonannuitant Female

Male Annuitant:

2018 Annuitant Male

Female Annuitant:

2018 Annuitant Female

Applicable months from valuation month:

Probability of lump sum:

0.00%

Use pre-retirement mortality:

No

**Options:** 

Use optional combined mortality table for small plans:

Use discount rate transition:

No

Lump sums use proposed regulations:

Yes

Yes

Actuarial Equivalent Floor

Stability period:

plan year

Lookback months:

1

2nd

3.55

0.00

Nonannuitant:

2018 Applicable

Annuitant:

Current:

Override:

2018 Applicable

3rd

4.11

0.00

|                          | <u>1st</u> | 2nd  | 3rd  |
|--------------------------|------------|------|------|
| Segment rates:           | 2.50       | 3.92 | 4.50 |
| High Quality Bond rates: | N/A        | N/A  | N/A  |
| Final rates:             | 3.92       | 5.52 | 6.29 |
| Override:                | 0.00       | 0.00 | 0.00 |

0.00%

0.00%

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Subsidized Early Retirement Rates

Late Retirement Rates

Male:

N/A

1st

2.33

0.00

Female:

N/A

Marriage Probability

0 0.00%

Male:

0.00%

Female:

Expense loading:

0.00%

**Disability Rates** 

Male:

N/A

Female:

N/A

Male:

**Mortality** 

N/A

**Setback** 

Setback

Female:

N/A

0

Name of Plan:

Salary Scale

Withdrawal

Male:

Female:

Female:

Male:

Male:

Female:

Female:

**Early Retirement Rates** 

Withdrawal-Select Male:

Male:

Female:

The Law Office of Marcia E. Kusr

Plan Sponsor's EIN:

32-0339103

Plan Number:

001

# 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

| F   | <u>or calenda</u> r p                       | olan year 2018      | 8 or fiscal plan                               | year beginning   |             |                    |            | and en              | ding         |                     |             |   |
|---|---|---------------------|--|--|-------------|--------------------|------------|---------------------|--------------|---------------------|-------------|---|
|   |   |                     | nearest dollar                                 |  | of this ran | ort unless reasor  | nahle caus | se is establic      | hed          |                     |             |   |
| Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is establis  A Name of plan  B Three plan r |   |                     |  |  |             |                    |            |                     |              | N)                  | <b>&gt;</b> |   |
| С   | Plan sponse                                 | or's name as        | shown on line 2                                | 2a of Form 5500 or 550   | 00-SF       |                    |            | <b>D</b> Employ     | er Identific | cation Nu           | umber (I    | EIN)  |
| E   | Type of plan                                | : Single            | Multiple-A                                     | Multiple-B   |             | F Prior year pla   | an size:   | 100 or fewe         | er [] 101    | -500                | More th     | nan 500   |
|   | Part I                                      | Basic Info          | rmation  |  |             | •                  | <u> </u>   | •                   | <u> </u>     |                     |             |   |
| 1   |   | valuation dat       |  | Month [  | Day         | Year               |            |                     |              |                     |             |   |
| 2   | Assets:                                     |                     |  |  |             |                    |            |                     |              |                     |             |   |
|   | <b>a</b> Market                             | value               |  |  |             |                    |            |                     | 2a           |                     |             |   |
|   | <b>b</b> Actuar                             | al value            |  |  |             |                    |            |                     | 2b           |                     |             |   |
| 3   | Funding                                     | target/particip     | oant count break                               | kdown  |             |                    | ` '        | lumber of ticipants | (2) Ve       | ested Fur<br>Target | nding       | (3) Total Funding<br>Target                               |
|   | <b>a</b> For ret                            | ired participar     | nts and benefic                                | iaries receiving payme   | ent         |                    |            |                     |              |                     |             |   |
|   | <b>b</b> For ter                            | minated vest        | ed participants.                               |  |             |                    |            |                     |              |                     |             |   |
|   | <b>C</b> For act                            | ive participan      | nts  |  |             |                    |            |                     |              |                     |             |   |
|   | <b>d</b> Total                              |                     |  |  |             |                    |            |                     |              |                     |             |   |
| 4   | If the pla                                  | n is in at-risk     | status, check th                               | ne box and complete li   | nes (a) aı  | nd (b)             |            |                     |              |                     |             |   |
|   | <b>a</b> Fundin                             | g target disre      | egarding prescri                               | bed at-risk assumptior   | ns          |                    |            |                     | 4a           |                     |             |   |
|   |   |                     |  | umptions, but disregar   |             |                    |            |                     | 4b           |                     |             |   |
| 5   | Effective                                   | interest rate.      |  |  |             |                    |            |                     | 5            |                     |             | %   |
| 6   | Target no                                   | ormal cost          |  |  |             |                    |            |                     | 6            |                     |             |   |
|   | To the best of accordance wi combination, o | th applicable law a | e information supplie<br>and regulations. In m | ed in this schedule and accom<br>ny opinion, each other assump<br>perience under the plan. |             |                    |            |                     |              |                     |             | d assumption was applied in id such other assumptions, in |
|   | HERE  |                     |  |  |             |                    |            |                     |              |                     |             |   |
|   |   |                     | Sigr   | nature of actuary  |             |                    |            |                     |              | [                   | Date        |   |
|   |   |                     | Type or p                                      | print name of actuary  |             |                    |            |                     | Most         | recent e            | enrollme    | nt number   |
|   |   |                     |  | Firm name  |             |                    |            |                     | Telephone    | e numbe             | r (incluc   | ding area code)   |
|   |   |                     | Ad   | dress of the firm  |             |                    |            |                     |              |                     |             |   |
| If th   | ne actuary ha                               | as not fully ref    | flected any regu                               | lation or ruling promul  | lgated un   | der the statute in | completi   | ng this sched       | dule, check  | the box             | and se      | e   |

Schedule SB (Form 5500) 2018

| P   | art II  | Begin       | ning of Year             | Carryov      | er and Prefunding Ba   | lances              |             |                            |          |              |                |            |
|---|---|-------------|--------------------------|--------------|--|---------------------|-------------|----------------------------|----------|--------------|----------------|------------|
|   |   |             |                          |              | <u> </u>   |                     | (a) C       | arryover balance           |          | <b>(b)</b> P | refundin       | g balance  |
| 7   |   | •           | 0 , ,                    |              | able adjustments (line 13 from                               | •                   |             |                            |          |              |                |            |
| 8   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  |             |                          |              |  |                     |             |                            |          |              |                |            |
| 9 Amount remaining (line 7 minus line 8)  |   |             |                          |              |  |                     |             |                            |          |              |                |            |
| 10 Interest on line 9 using prior year's actual return of%  |   |             |                          |              |  |                     |             |                            |          |              |                |            |
| 11  | Prior yea   | r's exces   | s contributions to       | be added     | to prefunding balance:                                       |                     |             |                            |          |              |                |            |
|   | <b>a</b> Preser   | nt value o  | f excess contribut       | ions (line 3 | 88a 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 |             |                          |              |  |                     |             |                            |          |              |                |            |
|   | <b>b(2)</b> Inte  | erest on I  | ine 38b from prior       | year Sche    | edule SB, using prior year's a                               | ctual               |             |                            |          |              |                |            |
|   |   |             |                          |              | ar to add to prefunding balance                              |                     |             |                            |          |              |                |            |
|   |   |             | •                        | , ,          |  |                     |             |                            |          |              |                |            |
|   | <b>d</b> Portion  | n of (c) to | be added to pref         | unding bala  | ance   |                     |             |                            |          |              |                |            |
| 12  | Other red   | ductions i  | n balances due to        | elections    | or deemed elections  |                     |             |                            |          |              |                |            |
| 13  | Balance   | at beginn   | ing of current yea       | r (line 9 +  | line 10 + line 11d – line 12)                                |                     |             |                            |          |              |                |            |
| P   | art III   | Fun         | ding Percenta            | ages         |  |                     |             |                            |          |              |                |            |
| 14  | Funding   | target att  | ainment percenta         | ge           |  |                     |             |                            |          |              | 14             | %          |
| 15  | Adjusted  | funding t   | target attainment        | percentage   | )  |                     |             |                            |          |              | 15             | %          |
| Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. |   |             |                          |              |  |                     | 16          | %                          |          |              |                |            |
| 17  | 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage                    |             |                          |              |  |                     |             |                            |          |              |                |            |
| Р   | art IV  | Con         | tributions an            | d Liquid     | ity Shortfalls   |                     |             |                            |          |              |                |            |
| 18  | Contribut   | ions mad    |                          |              | ar by employer(s) and emplo                                  | yees:               |             |                            |          |              |                |            |
| (1  | (a) Date MM-DD-Y  |             | (b) Amount p<br>employer | -            | (c) Amount paid by employees                                 | (a) Dat<br>(MM-DD-Y |             | (b) Amount pa<br>employer( | -        | (c           | Amour<br>emplo | nt paid by |
|   | VIIVI DD 1  | 111)        | Citiployer               | (5)          | cinployees   | (IVIIVI DD 1        | ,           | Chiployer                  | <u> </u> |              | cmpic          | ycco       |
|   |   |             |                          |              |  |                     |             |                            |          |              |                |            |
|   |   |             |                          |              |  |                     |             |                            |          |              |                |            |
|   |   |             |                          |              |  |                     |             |                            |          |              |                |            |
|   |   |             |                          |              |  |                     |             |                            |          |              |                |            |
|   |   |             |                          |              |  |                     |             |                            |          |              |                |            |
|   |   |             |                          |              |  | Totals ►            | 18(b)       |                            |          | 18(c)        |                |            |
| 19  | Discount  | ed emplo    | yer contributions        | – see instr  | uctions for small plan with a                                | valuation date      | after the   | beginning of the y         | ear:     |              |                |            |
|   | <b>a</b> Contri   | outions a   | llocated toward ur       | npaid minir  | num required contributions fr                                | om prior year       | 3           | <u>′</u>                   | 19a      |              |                |            |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date  |   |             |                          |              |  |                     |             |                            |          |              |                |            |
|   | <b>C</b> Contrib  | outions all | ocated toward min        | imum requi   | red contribution for current yea                             | ar adjusted to v    | aluation d  | ate                        | 19c      |              |                |            |
| 20  | ,   |             | tions and liquidity      |              |  |                     |             |                            |          |              |                |            |
|   |   |             | -                        |              | e prior year?  |                     |             |                            |          |              |                | Yes No     |
|   |   |             |                          |              | installments for the current y                               |                     | timely ma   | anner?                     |          |              |                | Yes No     |
|   | C If line   | ∠∪a is "Y   | es," see instructio      | ns and con   | nplete the following table as  Liquidity shortfall as of end |                     | this plan v | /ear                       |          |              |                |            |
|   |   | (1) 1st     | <u> </u>                 |              | (2) 2nd  | J. quarter UI       |             | 3rd                        | L        | (            | (4) 4th        |            |
|   |   |             |                          |              |  |                     |             |                            |          |              |                |            |
|   |   |             | _                        |              |  | _                   |             | _                          | _        |              | _              |            |

| F  | Part V Assumptions Used to Determi                                   | ne Funding Target and Targ                                       | get Normal Cost            |             |                             |  |  |  |  |
|----|--|--|----------------------------|-------------|-----------------------------|--|--|--|--|
| 21 | Discount rate:   |  |                            |             |                             |  |  |  |  |
|    | <b>a</b> Segment rates:  1st segment:  %                             | 2nd segment:<br>%  | 3rd segment:<br>%          |             | N/A, full yield curve used  |  |  |  |  |
|    | <b>b</b> Applicable month (enter code)                               |  | 21b                        |             |                             |  |  |  |  |
| 22 | Weighted average retirement age                                      |  |                            | 22          |                             |  |  |  |  |
| 23 | Mortality table(s) (see instructions) Prior regula                   | tion: Prescribed - comb  | ined Prescribed            | l - separa  | te Substitute               |  |  |  |  |
|    | Current reg  | ulation: Prescribed - comb                                       | ined Prescribed            | l - separat | te Substitute               |  |  |  |  |
| Pa | art VI Miscellaneous Items   |  | штт Ц                      |             |                             |  |  |  |  |
| 24 | Has a change been made in the non-prescribed ac                      | tuarial assumptions for the current p                            | lan year? If "Yes," see ii | nstruction  | s regarding required        |  |  |  |  |
|    | attachment   |  |                            |             |                             |  |  |  |  |
|    | Has a method change been made for the current p                      | -  |                            |             |                             |  |  |  |  |
| 26 | Is the plan required to provide a Schedule of Active                 | Participants? If "Yes," see instruction                          | ons regarding required a   | ttachmen    | t Yes No                    |  |  |  |  |
| 27 | If the plan is subject to alternative funding rules, er attachment   |  | ons regarding              | 27          |                             |  |  |  |  |
| P  | art VII Reconciliation of Unpaid Minir                               | num Required Contribution  | s For Prior Years          |             |                             |  |  |  |  |
| 28 | Unpaid minimum required contributions for all prior                  | years  |                            | 28          |                             |  |  |  |  |
| 29 | Discounted employer contributions allocated towar (line 19a)         |  |                            | 29          |                             |  |  |  |  |
| 30 | Remaining amount of unpaid minimum required co                       | ntributions (line 28 minus line 29)                              |                            | 30          |                             |  |  |  |  |
| Pa | art VIII Minimum Required Contribution                               | on For Current Year  |                            |             |                             |  |  |  |  |
| 31 | •  |  |                            |             |                             |  |  |  |  |
|    | a Target normal cost (line 6)  |  |                            | 31a         |                             |  |  |  |  |
|    | <b>b</b> Excess assets, if applicable, but not greater than          | line 31a   |                            | 31b         |                             |  |  |  |  |
| 32 | Amortization installments:   |  | Outstanding Balar          | nce         | Installment                 |  |  |  |  |
|    | a Net shortfall amortization installment                             |  |                            |             |                             |  |  |  |  |
|    | <b>b</b> Waiver amortization installment                             |  |                            |             |                             |  |  |  |  |
| 33 | If a waiver has been approved for this plan year, en (Month Day Year | nter the date of the ruling letter granti) and the waived amount |                            | 33          |                             |  |  |  |  |
| 34 | Total funding requirement before reflecting carryov                  | er/prefunding balances (lines 31a - 3                            | 31b + 32a + 32b - 33)      | 34          |                             |  |  |  |  |
|    |  | Carryover balance  | Prefunding balan           | ice         | Total balance               |  |  |  |  |
| 35 | Balances elected for use to offset funding requirement               |  |                            |             |                             |  |  |  |  |
| 36 | •  | <u> </u>   |                            | 36          |                             |  |  |  |  |
| 37 | Contributions allocated toward minimum required of                   | to valuation date (line  | 37                         |             |                             |  |  |  |  |
| 38 | 19c)   |  |                            |             |                             |  |  |  |  |
|    | a Total (excess, if any, of line 37 over line 36)                    |  |                            | 38a         |                             |  |  |  |  |
|    | <b>b</b> Portion included in line 38a attributable to use of         |  |                            | 38b         |                             |  |  |  |  |
| 39 |  | ·  | •                          | 39          |                             |  |  |  |  |
| 40 | Unpaid minimum required contributions for all year                   | •  |                            | 40          |                             |  |  |  |  |
|    | rt IX Pension Funding Relief Unde                                    |  | l l                        |             |                             |  |  |  |  |
|    | If an election was made to use PRA 2010 funding r                    |  | ,                          | •           |                             |  |  |  |  |
|    | a Schedule elected   |  |                            |             | 2 plus 7 years 15 years     |  |  |  |  |
|    | <b>b</b> Eligible plan year(s) for which the election in line        |  |                            | <u></u>     | 08                          |  |  |  |  |
|    | LINGUIC DIALL VEALEST OF WHICH THE EIECTION IN TIME                  | TIA WAS IIIAUE   |                            | i I∠U       | 00   12000   12010     2011 |  |  |  |  |

### Attachment to 2018 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

| Plan Name The Law Offic     | e of Marcia E. Kusnetz PC Defined Benefit Plan   | EIN: | 32-0339103 |
|-----------------------------|--|------|------------|
| Plan Sponsor's Name         | he Law Office of Marcia E. Kusnetz PC  | PN:  | 001        |
| The weighted average retire | ement age is equal to the normal retirement age of62   |      |            |
| retirement age, including a | each age and describe the methodology used to compute the description of the weight applied at each potential retirement age expected to retire at the plan's normal retire. | ge.  | J          |

attained age, if later.

# 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

| F     | <u>or calenda</u> r p  | olan year 201       | 8 or fiscal plan                               | year beginning  |             |                         |            | and end             | ing          |                       |            |                           |
|-------|--|---------------------|--|---|-------------|-------------------------|------------|---------------------|--------------|-----------------------|------------|---------------------------|
|       |  |                     | nearest dollar                                 |   | of this ren | ort unless reason       | nable caus | se is establish     | ıed          |                       |            |                           |
| _     | Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.  A Name of plan  B Three-coplan nu |                     |  |   |             |                         |            |                     |              |                       |            |                           |
| С     | Plan sponse  | or's name as        | shown on line 2                                | 2a of Form 5500 or 55   | 00-SF       |                         |            | <b>D</b> Employe    | er Identific | ation Number          | er (EIN)   |                           |
| E     | Type of plan   | : Single            | Multiple-A                                     | Multiple-B  |             | <b>F</b> Prior year pla | an size:   | 100 or fewer        | 101          | -500 Mo               | re than 50 | 00                        |
|       | Part I   | Basic Info          | rmation  | <u> </u>  |             |                         |            |                     |              |                       |            |                           |
| 1     |  | valuation da        |  | Month [   | <br>Day     | Year                    |            |                     |              |                       |            |                           |
| 2     | Assets:  |                     |  |   | •           |                         |            |                     |              |                       |            |                           |
|       | <b>a</b> Market  | value               |  |   |             |                         |            |                     | 2a           |                       |            |                           |
|       | <b>b</b> Actuar  | ial value           |  |   |             |                         |            |                     | 2b           |                       |            |                           |
| 3     | Funding  | target/particip     | ant count break                                | kdown   |             |                         | ` '        | lumber of ticipants | (2) Ve       | sted Fundin<br>Target | g (3)      | ) Total Funding<br>Target |
|       | <b>a</b> For ret   | ired participa      | nts and benefic                                | iaries receiving payme  | ent         |                         |            |                     |              |                       |            |                           |
|       | <b>b</b> For ter   | minated vest        | ed participants.                               |   |             |                         |            |                     |              |                       |            |                           |
|       | <b>C</b> For act   | ive participan      | nts  |   |             |                         |            |                     |              |                       |            |                           |
|       | <b>d</b> Total   |                     |  |   |             |                         |            |                     |              |                       |            |                           |
| 4     | If the pla   | n is in at-risk     | status, check th                               | e box and complete li   | ines (a) aı | nd (b)                  |            |                     |              |                       |            |                           |
|       | <b>a</b> Fundin  | g target disre      | garding prescri                                | bed at-risk assumption  | ns          |                         |            |                     | 4a           |                       |            |                           |
|       |  |                     |  | umptions, but disregansecutive years and di   |             |                         |            |                     | 4b           |                       |            |                           |
| 5     | Effective  | interest rate.      |  |   |             |                         |            |                     | 5            |                       |            | %                         |
| 6     | Target no  | ormal cost          |  |   |             |                         |            |                     | 6            |                       |            |                           |
|       | To the best of accordance wi combination, o  | th applicable law a | e information supplie<br>and regulations. In m | ed in this schedule and accon<br>ny opinion, each other assum<br>perience under the plan. |             |                         |            |                     |              |                       |            |                           |
|       | HERE   |                     |  |   |             |                         |            |                     |              |                       |            | _                         |
|       |  |                     | Sigr   | nature of actuary   |             |                         |            |                     |              | Date                  | )          |                           |
|       |  |                     | Type or p                                      | orint name of actuary   |             |                         |            |                     | Most         | recent enrol          | lment nu   | mber                      |
|       |  |                     |  | Firm name   |             |                         |            | -                   | Γelephone    | e number (in          | cluding a  | rea code)                 |
|       |  |                     | Ad   | dress of the firm   |             |                         |            | <b>-</b>            |              |                       |            |                           |
| If th | ne actuary ha  | as not fully ref    | flected any regu                               | ılation or ruling promu   | lgated un   | der the statute in      | completi   | ng this sched       | ule, check   | the box and           | see        |                           |

Schedule SB (Form 5500) 2018

| P  | art II  | Begin       | ning of Year             | Carryov     | er and Prefunding Ba   | lances              |             |                            |          |              |                |            |
|--|---|-------------|--------------------------|-------------|--|---------------------|-------------|----------------------------|----------|--------------|----------------|------------|
|  |   |             |                          |             | <u> </u>   |                     | (a) C       | arryover balance           |          | <b>(b)</b> P | refundin       | g balance  |
| 7  |   | •           | 0 , ,                    |             | able adjustments (line 13 fror                                 | •                   |             |                            |          |              |                |            |
| 8  |   |             | •                        | •           | nding requirement (line 35 fro                                 | •                   |             |                            |          |              |                |            |
| 9  | 3/ 1 11 11 11   |             |                          |             |  |                     |             |                            |          |              |                |            |
| 10   | 3, 2, 7, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,   |             |                          |             |  |                     |             |                            |          |              |                |            |
| 11   | 11 Prior year's excess contributions to be added to prefunding balance:   |             |                          |             |  |                     |             |                            |          |              |                |            |
| a Present value of excess contributions (line 38a from prior year) |   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of% |             |                          |             |  |                     |             |                            |          |              |                |            |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  |   |             |                          |             | ar to add to prefunding balance                                |                     |             |                            |          |              |                |            |
|  |   |             | •                        | , ,         |  |                     |             |                            |          |              |                |            |
|  | <b>d</b> Portion  | n of (c) to | be added to pref         | unding bala | ance   |                     |             |                            |          |              |                |            |
| 12   | Other red   | ductions i  | n balances due to        | elections   | or deemed elections  |                     |             |                            |          |              |                |            |
| 13   | Balance   | at beginn   | ing of current yea       | r (line 9 + | line 10 + line 11d – line 12)                                  |                     |             |                            |          |              |                |            |
| P  | art III   | Fun         | ding Percenta            | ages        |  |                     |             |                            |          |              |                |            |
| 14   | 14 Funding target attainment percentage   |             |                          |             |  |                     |             |                            |          |              |                |            |
| 15   | 4 Funding target attainment percentage       14       %         5 Adjusted funding target attainment percentage       15       %                  |             |                          |             |  |                     |             |                            |          |              |                |            |
| 16   |   |             |                          |             | of determining whether carryo                                  |                     |             |                            | reduce   | current      | 16             | %          |
| 17   | If the cur  | rent value  | e of the assets of       | the plan is | less than 70 percent of the f                                  | unding target,      | enter suc   | ch percentage              |          |              | 17             | %          |
| Р  | art IV  | Con         | tributions an            | d Liquid    | ity Shortfalls   |                     |             |                            |          |              |                |            |
| 18   | Contribut   | ions mad    |                          |             | ar by employer(s) and emplo                                    | yees:               |             |                            |          |              |                |            |
| (1   | (a) Date MM-DD-Y  |             | (b) Amount p<br>employer | -           | (c) Amount paid by employees                                   | (a) Dat<br>(MM-DD-Y |             | (b) Amount pa<br>employer( | -        | (c           | Amour<br>emplo | nt paid by |
|  | VIIVI DD 1  | 111)        | Citiployer               | (3)         | ciripidyees  | (IVIIVI DD 1        | ,           | Chiployer                  | <u> </u> |              | cmpic          | ycco       |
|  |   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  |   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  |   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  |   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  |   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  |   |             |                          |             |  | Totals ▶            | 18(b)       |                            |          | 18(c)        |                |            |
| 19   | Discount  | ed emplo    | yer contributions        | – see instr | uctions for small plan with a                                  | valuation date      | after the   | beginning of the y         | ear:     |              |                |            |
|  | <b>a</b> Contril  | outions a   | llocated toward ur       | npaid minir | num required contributions fr                                  | om prior year       | 3           | <u> </u>                   | 19a      |              |                |            |
|  | <b>b</b> Contrib  | outions m   | ade to avoid resti       | ictions adj | usted to valuation date  |                     |             | 1                          | 19b      |              |                |            |
|  | <b>C</b> Contrib  | outions all | ocated toward min        | imum requi  | red contribution for current year                              | ar adjusted to v    | aluation d  | ate                        | 19c      |              |                |            |
| 20   | ,   |             | tions and liquidity      |             |  |                     |             |                            |          |              |                |            |
|  |   |             | -                        |             | e prior year?  |                     |             |                            |          |              |                | Yes No     |
|  |   |             |                          |             | installments for the current y                                 |                     | timely ma   | anner?                     |          |              |                | Yes No     |
|  | C If line   | ∠∪a is "Y   | es," see instructio      | ns and con  | nplete the following table as<br>Liquidity shortfall as of end |                     | this plan v | /ear                       |          |              |                |            |
|  |   | (1) 1st     | <u> </u>                 |             | (2) 2nd  | J. quarter UI       |             | 3rd                        | L        | (            | (4) 4th        |            |
|  |   |             |                          |             |  |                     |             |                            |          |              |                |            |
|  |   |             |                          |             |  |                     |             |                            |          |              |                |            |

| F  | Part V Assumptions Used to Determi                                   | ne Funding Target and Tarç                                       | get Normal Cost          |            |                             |
|----|--|--|--------------------------|------------|-----------------------------|
| 21 | Discount rate:   |  |                          |            |                             |
|    | <b>a</b> Segment rates: 1st segment: %                               | 2nd segment:<br>%  | 3rd segment:<br>%        |            | N/A, full yield curve used  |
|    | <b>b</b> Applicable month (enter code)                               |  |                          | 21b        |                             |
| 22 | Weighted average retirement age                                      |  |                          | 22         |                             |
| 23 | Mortality table(s) (see instructions) Prior regula                   | tion: Prescribed - comb  | ined Prescribed          | d - separa | te Substitute               |
|    | Current regi   | ulation: Prescribed - comb                                       | ined Prescribed          | d - separa | te Substitute               |
| Pa | art VI Miscellaneous Items   |  |                          |            |                             |
| 24 | Has a change been made in the non-prescribed ac                      | tuarial assumptions for the current pl                           | an year? If "Yes," see i | nstruction | s regarding required        |
|    | attachment   |  |                          |            | _                           |
|    | Has a method change been made for the current p                      | •  |                          |            |                             |
| 26 | Is the plan required to provide a Schedule of Active                 | Participants? If "Yes," see instruction                          | ons regarding required a | attachmen  | t                           |
| 27 | If the plan is subject to alternative funding rules, en attachment   | • •  | ons regarding            | 27         |                             |
| P  | art VII Reconciliation of Unpaid Minir                               | num Required Contribution  | s For Prior Years        |            |                             |
| 28 | Unpaid minimum required contributions for all prior                  | years  |                          | 28         |                             |
| 29 | Discounted employer contributions allocated towar (line 19a)         |  |                          | 29         |                             |
| 30 | Remaining amount of unpaid minimum required co                       |  | 30                       |            |                             |
| Pa | art VIII Minimum Required Contribution                               | on For Current Year  |                          |            |                             |
| 31 | •  |  |                          |            |                             |
|    | a Target normal cost (line 6)  |  |                          | 31a        |                             |
|    | <b>b</b> Excess assets, if applicable, but not greater than          | line 31a   |                          | 31b        |                             |
| 32 | Amortization installments:   |  | Outstanding Bala         | nce        | Installment                 |
|    | a Net shortfall amortization installment                             |  |                          |            |                             |
|    | <b>b</b> Waiver amortization installment                             |  |                          |            |                             |
| 33 | If a waiver has been approved for this plan year, en (Month Day Year | nter the date of the ruling letter granti) and the waived amount |                          | 33         |                             |
| 34 | Total funding requirement before reflecting carryov                  | er/prefunding balances (lines 31a - 3                            | 1b + 32a + 32b - 33)     | 34         |                             |
|    |  | Carryover balance  | Prefunding balar         | nce        | Total balance               |
| 35 | Balances elected for use to offset funding requirement               |  |                          |            |                             |
| 36 | •  |  | L                        | 36         |                             |
| 37 |  | contribution for current year adjusted                           | to valuation date (line  | 37         |                             |
| 38 | Present value of excess contributions for current ye                 |  |                          |            |                             |
|    | a Total (excess, if any, of line 37 over line 36)                    |  |                          | 38a        |                             |
|    | <b>b</b> Portion included in line 38a attributable to use of         |  |                          | 38b        |                             |
| 39 | Unpaid minimum required contribution for current y                   | · · · · · · · · · · · · · · · · · · ·                            | •                        | 39         |                             |
| 40 | Unpaid minimum required contributions for all year                   | •  |                          | 40         |                             |
|    | rt IX Pension Funding Relief Under                                   |  |                          |            |                             |
|    | If an election was made to use PRA 2010 funding r                    |  | ,                        | •          |                             |
|    | a Schedule elected   |  |                          |            | 2 plus 7 years 15 years     |
|    | <b>b</b> Eligible plan year(s) for which the election in line        |  |                          | <u></u>    | 08                          |
|    | LINGUIC DIATI VEALSHOL WHICH THE ELECTION IN LINE                    | TIG WGS IIIGUE   |                          | i 1∠0      | 00   12000   12010   1 2011 |

## Attachment to 2018 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data

| Plan Name The Law Office of Marcia E. Kusnetz PC Defined Benefit Plan | EIN: | 32-0339103 |  |
|---|------|------------|--|
| Plan Sponsor's Name The Law Office of Marcia E. Kusnetz PC            | PN:  | 001        |  |

|          | YEARS OF CREDITED SERVICE |         |           |     |        |           |     |         |           |  |  |  |
|----------|---------------------------|---------|-----------|-----|--------|-----------|-----|---------|-----------|--|--|--|
| Attained |                           | Under 1 |           |     | 1 to 4 |           |     | 5 to 9  | )         |  |  |  |
| Age      | Average                   |         |           |     | Ave    | erage     |     | Average |           |  |  |  |
|          | No.                       | Comp.   | Cash Bal. | No. | Comp.  | Cash Bal. | No. | Comp.   | Cash Bal. |  |  |  |
| Under 25 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 25 to 29 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 30 to 34 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 35 to 39 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 40 to 44 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 45 to 49 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 50 to 54 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 55 to 59 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 60 to 64 |                           |         |           |     |        |           | 1   |         |           |  |  |  |
| 65 to 69 |                           |         |           |     |        |           |     |         |           |  |  |  |
| 70 & up  |                           |         |           |     |        |           |     |         |           |  |  |  |

|          |     | YEARS OF CREDITED SERVICE |              |     |          |              |     |         |                |  |  |  |  |
|----------|-----|---------------------------|--------------|-----|----------|--------------|-----|---------|----------------|--|--|--|--|
| Attained |     | 10 to 14                  |              |     | 15 to 19 |              |     | 20 to 2 | 24             |  |  |  |  |
| Age      |     | Ave                       | rage         |     | Ave      | rage         |     | Average |                |  |  |  |  |
|          | No. | Comp.                     | Cash Bal.    | No. | Comp.    | Cash Bal.    | No. | Comp.   | Cash Bal.      |  |  |  |  |
| Under 25 |     |                           | <del>-</del> |     |          | <del>-</del> |     |         | - <del>-</del> |  |  |  |  |
| 25 to 29 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 30 to 34 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 35 to 39 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 40 to 44 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 45 to 49 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 50 to 54 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 55 to 59 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 60 to 64 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 65 to 69 |     |                           |              |     |          |              |     |         |                |  |  |  |  |
| 70 & up  |     |                           |              |     |          |              |     |         |                |  |  |  |  |

|          |          | YEARS OF CREDITED SERVICE |           |          |         |              |     |          |           |     |         |           |  |
|----------|----------|---------------------------|-----------|----------|---------|--------------|-----|----------|-----------|-----|---------|-----------|--|
| Attained | 25 to 29 |                           |           | 30 to 34 |         |              |     | 35 to 39 |           |     | 40 & up |           |  |
| Age      |          | Ave                       | rage      |          | Average |              |     | Av       | Average   |     | Average |           |  |
|          | No.      | Comp.                     | Cash Bal. | No.      | Comp.   | Cash Bal.    | No. | Comp.    | Cash Bal. | No. | Comp.   | Cash Bal. |  |
| Under 25 |          |                           | =         |          |         | <del>-</del> |     |          | =         |     |         |           |  |
| 25 to 29 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 30 to 34 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 35 to 39 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 40 to 44 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 45 to 49 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 50 to 54 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 55 to 59 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 60 to 64 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 65 to 69 |          |                           |           |          |         |              |     |          |           |     |         |           |  |
| 70 & up  |          |                           |           |          |         |              |     |          |           |     |         |           |  |