

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation		<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>		OMB Nos. 1210-0110 1210-0089  <b>2021</b>  <b>This Form is Open to Public Inspection</b>	
<b>Part I Annual Report Identification Information</b>					
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
<b>A</b> This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
<b>B</b> This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)					
<b>C</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)					
<b>D</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>					
<b>Part II Basic Plan Information</b> —enter all requested information					
<b>1a</b> Name of plan MICHAEL AHDOOT MD PC VIP PLAN				<b>1b</b> Three-digit plan number (PN) ▶	002
				<b>1c</b> Effective date of plan	01/01/2014
<b>2a</b> 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) MICHAEL AHDOOT MD PC  P.O. BOX 231297 GREAT NECK, NY 11023				<b>2b</b> Employer Identification Number (EIN)	26-1482529
				<b>2c</b> Sponsor's telephone number	516-672-3030
				<b>2d</b> Business code (see instructions)	621111
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.				<b>3b</b> Administrator's EIN	
				<b>3c</b> Administrator's telephone number	
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name				<b>4b</b> EIN	
				<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year				<b>5a</b>	8
<b>b</b> Total number of participants at the end of the plan year				<b>5b</b>	7
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				<b>5c</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year				<b>5d(1)</b>	7
<b>d(2)</b> Total number of active participants at the end of the plan year				<b>5d(2)</b>	7
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				<b>5e</b>	0
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b> 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.					
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/18/2022	MICHAEL AHDOOT		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/18/2022	MICHAEL AHDOOT		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.					
Form 5500-SF (2021) v 201201					

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☒ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

**Part III Financial Information**

<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1407858	1817016
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1407858	1817016
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	221446	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	188075	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		409521
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	363	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		363
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		409158
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		50000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☒ Yes ☐ No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ..... **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..... ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**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 \_\_\_\_\_

**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** 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**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ..... ☐ Yes ☒ 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 ☒ No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2021</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>MICHAEL AHDOOT MD PC VIP PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MICHAEL AHDOOT MD PC</u>	<b>D</b> Employer Identification Number (EIN) <u>26-1482529</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>1405232</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>1405232</u>
<b>3</b> Funding target/participant count breakdown	
<b>a</b> For retired participants and beneficiaries receiving payment .....	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
<b>b</b> For terminated vested participants .....	<u>1</u> <u>330</u> <u>330</u>
<b>c</b> For active participants .....	<u>7</u> <u>786480</u> <u>788896</u>
<b>d</b> Total .....	<u>8</u> <u>786810</u> <u>789226</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>5.57</u> %
<b>6</b> Target normal cost .....	
<b>a</b> Present value of current plan year accruals .....	<b>6a</b> <u>116516</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b> <u>0</u>
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b> <u>116516</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>07/31/2022</u> Date
Signature of actuary		<u>20-08996</u> Most recent enrollment number
<u>DANIEL NAFIS, EA, MAAA</u> Type or print name of actuary		<u>516-683-6100</u> Telephone number (including area code)
<u>USI CONSULTING GROUP</u> Firm name		
<u>725 RXR PLAZA, EAST TOWER</u> <u>UNIONDALE, NY 11556</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of _____ % .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		197848
<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 <u>5.39</u> % .....		10664
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		208512
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	178.05 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	178.05 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	152.00 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/29/2022	221446				
<b>Totals ▶</b>			<b>18(b)</b>	221446	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	207070

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 116516**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 116516**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 207070**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 207070**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**MICHAEL AHDOOT MD PC VIP PLAN**

**EIN: 26-1482529**

**PN: 002**

**2021 FORM 5500 – SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS**

**Valuation Date: January 1, 2021**

**2021 Effective Interest Rate: 5.57%**

**Contribution:**

<u>(Date)</u>	<u>Amount (\$)</u>	<u>Number of Days to Valuation Date</u>	<u>Discounted to Valuation Date</u>
March 29, 2022	\$221,446	452	\$207,070

<b>TOTALS</b>	<b>\$221,446</b>		<b>\$207,070</b>
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**MICHAEL AHDOOT MD PC VIP PLAN**

**EIN: 26-1482529**

**PN: 002**

**2021 FORM 5500 – SCHEDULE SB, LINE 22- DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

Participants are assumed to retire at age 65.



**MICHAEL AHDOOT MD PC VIP PLAN****EIN: 26-1482529****PN: 002****2021 FORM 5500 – SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA****Age and Service Information**

Age	Benefit Service								Total
	Under 1	1-5	5-10	10-15	15-20	20-25	25-30	30+	
Under 25	0	0	0	0	0	0	0	0	0
25 - 29	0	1	0	0	0	0	0	0	1
30 - 34	0	1	0	0	0	0	0	0	1
35 - 39	0	1	2	0	0	0	0	0	3
40 - 44	0	0	0	0	0	0	0	0	0
45 - 49	0	1	0	1	0	0	0	0	2
50 - 54	0	0	0	0	0	0	0	0	0
55 - 59	0	0	0	0	0	0	0	0	0
60 - 64	0	0	0	0	0	0	0	0	0
65 +	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>



# MICHAEL AHDOOT MD PC

## VIP PLAN

VALUATION AS OF JANUARY 1, 2021

### Valuation Assumptions and Funding Methods

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#### I. Valuation Method

The unit credit cost method, where the funding target is equal to the sum of the individual liabilities for all the participants. The individual's accrued liability is the present value of the benefit accrued in the prior plan years. The target normal cost is the present value of benefits accruing in the plan year.

#### II. Actuarial Value of Assets

Market value of assets as of valuation date plus discounted contributions receivable.

#### III. Employees Included in the Calculations

Based on employee data received from Michael Ahdoot MD PC, all eligible employees as of the valuation date are included in the calculations.

#### IV. Economic Assumptions

##### A. Interest Rates for Minimum Funding Requirement:

	<u>Current Year</u>	<u>Prior Year</u>
Segment 1 (0 – 5 years):	4.75%	3.64%
Segment 2 (5 – 20 years):	5.36%	5.21%
Segment 3 (20 + years):	6.11%	5.94%
Effective Interest Rate:	5.57%	5.39%
Look Back Month	None (January)	None (January)

##### B. Interest Rates for Maximum Tax-Deductible Contribution:

	<u>Current Year</u>	<u>Prior Year</u>
Segment 1 (0 – 5 years):	1.75%	2.77%
Segment 2 (5 – 20 years):	3.04%	3.83%
Segment 3 (20 + years):	3.65%	4.28%

# MICHAEL AHDOOT MD PC VIP PLAN

VALUATION AS OF JANUARY 1, 2021

## Valuation Assumptions and Funding Methods (Cont'd)

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### IV. Economic Assumptions (Cont'd)

#### C. Future Return on Plan Assets

Based on the FTSE Yield Curve for the first calendar month preceding the beginning of the plan year.

#### D. Salary Progression

3.00% compounded annually

#### E. ARPA Elections

- i) Interest Rate Relief Election (Minimum Funding Purposes) - adopted for 2021 Plan Year
- ii) Interest Rate Relief Election (Benefit Restriction Purposes) - adopted for 2021 Plan Year
- iii) Shortfall Amortization Fresh Start and 15-Year Amortization Period - adopted for 2021 Plan Year

### V. Demographic Assumptions

#### A. Mortality

2021 Static Mortality Table (Annuitant and Non-Annuitant)  
2020 Static Mortality Table (Annuitant and Non-Annuitant) was used last year.

#### B. Termination Rates

Not assumed

#### C. Retirement Assumption

All employees are assumed to retire at age 65

#### D. Retirement Payment Option

It was assumed that 100% of retirees would elect a lump sum distribution.

#### E. Plan Expense

Not assumed

# MICHAEL AHDOOT MD PC

## VIP PLAN

VALUATION AS OF JANUARY 1, 2021

### Summary of Plan Provisions

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<b>EIN:</b>	26-1482529
<b>PN:</b>	002
<b>Effective Date:</b>	January 1, 2014
<b>Eligibility:</b>	21 years of age with 1 year of service
<b>Entry Date:</b>	The earlier of the first day of the plan year or the first day of the seventh month of such plan year coinciding with or next following the date such employee met the eligibility requirements
<b>Eligible Employees:</b>	All employees except leased employees, certain non-resident aliens, and those subject to collective bargaining
<b>Early Retirement Benefit:</b>	Not provided for this plan
<b>Normal Retirement Age:</b>	Participant's 62 <sup>nd</sup> Birthday
<b>Normal Retirement Date:</b>	The date at which the Participant attains Normal Retirement Age
<b>Normal Retirement Benefit:</b>	Equals the number of the participant's Benefit Units multiplied by the value of such Benefit Units

#### Definition of Benefit Units

The "Benefit Units" earned by each Participant during any Plan Year will be based on an amount equal to the Applicable Percentage indicated in the table below multiplied by the Compensation (not to exceed \$275,000 for participants listed by name in the table below) earned by such Participant for such Plan Year and then divided by the Unit Value as of the March 31st of the year immediately following such Plan Year computed to the nearest cent.

# MICHAEL AHDOOT MD PC

## VIP PLAN

VALUATION AS OF JANUARY 1, 2021

### Summary of Plan Provisions (Cont'd)

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<b>Normal Retirement Benefit(Cont'd):</b>	Michael Ahdoot	6.470815%
	Sharon Ahdoot	6.811384%
	Staff	0.50% of Compensation

#### Definition of Unit Value

Unit Value means \$1.00, increased or decreased, as the case may be, by the sum of one plus the actual net rate of return on the Plan's assets (excluding Participant's Retirement Investment Accounts) taking into account all expenses from the date of Plan inception to the date of valuation divided by the sum of one plus the Assumed Interest Rate (5% per annum) from the date of Plan inception to the date of valuation. In the event that the Plan is terminated, the Unit Value shall cease to fluctuate as of the date Plan assets are either distributed to Participants or used to purchase a termination annuity from an insurance company.

**Eligibility for Benefit Accrual:** Completing 1,000 Hours of Service during Plan Year

**Compensation:** Code 3401(a) compensation, excluding pre-participation pay (Compensation is limited to the Internal Revenue Code maximum of \$290,000 for 2021.)

**Top Heavy Status:** Assumed to be Top-Heavy for 2021. (A participant's Top-Heavy minimum benefits are deemed to be satisfied by a 5% of compensation non-elective contribution to the Artemis Real Estate Partners, LLC 401(k) Plan, if applicable)

# MICHAEL AHDOOT MD PC

## VIP PLAN

VALUATION AS OF JANUARY 1, 2021

### Summary of Plan Provisions (Cont'd)

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<b>Normal Form of Benefit:</b>	50% Joint & Survivor Annuity for married participants and Single Life Annuity for single participants
<b>Optional Forms of Benefit:</b>	75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, Lump Sum
<b>Year of Vesting Service:</b>	Plan Year during which an employee has at least 1,000 hours of service
<b>Vesting Schedule:</b>	6-Year Graded
<b>Termination Benefit:</b>	Actuarial equivalent of Vested Accrued Benefit
<b>Death Benefit:</b>	Actuarial equivalent of Accrued Benefit
<b>Disability Benefit:</b>	Actuarial equivalent of Accrued Benefit
<b>Maximum Benefit:</b>	Benefits may not exceed the maximum limitation defined by the Internal Revenue Code (\$230,000 for 2021).
<b>Actuarial Equivalence:</b>	<p>Pre-Retirement Mortality Table: None; Pre-Retirement Interest: 5.0%</p> <p>Post-Retirement Mortality Table: RP-2014 Mortality Table adjusted to the base year of 2006, combining annuitant and non-annuitant tables using the methodology described in Code Section 1.430(h)(3)-1(b)(2), projecting forward to 2030 using Scale MP-2016 with the methodology described in Code Section 1.430(h)(3)-1(c), blending 50% male and 50% female; Post-Retirement Interest: 5.0%</p>

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2021</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Michael Ahdoot MD PC VIP Plan	<b>B</b> Three-digit plan number (PN) ►	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Michael Ahdoot MD PC	<b>D</b> Employer Identification Number (EIN)  26-1482529	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

<b>Part I Basic Information</b>					
<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>					
<b>2</b> Assets:					
<b>a</b> Market value .....				<b>2a</b>	1,405,232
<b>b</b> Actuarial value .....				<b>2b</b>	1,405,232
<b>3</b> Funding target/participant count breakdown					
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target		
<b>a</b> For retired participants and beneficiaries receiving payment.....	0	0	0		
<b>b</b> For terminated vested participants.....	1	330	330		
<b>c</b> For active participants .....	7	786,480	788,896		
<b>d</b> Total.....	8	786,810	789,226		
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>					
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....				<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....				<b>4b</b>	
<b>5</b> Effective interest rate .....				<b>5</b>	5.57 %
<b>6</b> Target normal cost.....					
<b>a</b> Present value of current plan year accruals.....				<b>6a</b>	116,516
<b>b</b> Expected plan-related expenses .....				<b>6b</b>	0
<b>c</b> Total (line 6a + line 6b) .....				<b>6c</b>	116,516

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Signature of actuary	<u>07/31/2022</u> Date
	<u>Daniel Nafis, EA, MAAA</u> Type or print name of actuary	<u>20-08996</u> Most recent enrollment number
	<u>USI Consulting Group</u> Firm name	<u>(516) 683-6100</u> Telephone number (including area code)
	<u>725 RXR Plaza, East Tower</u> Address of the firm	
	<u>Uniondale NY 11556</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
v. 210624



**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of _____% .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		197848
<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 <u>5.39</u> % .....		10664
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		208512
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	178.05%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	178.05%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	152.00%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/29/2022	221,446				
<b>Totals ►</b>			<b>18(b)</b>	221,446	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	207,070

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) ..... **31a** 116,516**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 116,516**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment ..... 0 0**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 0

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement ..... 0 0 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 207,070**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 207,070**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011