Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I		Identification Information							
For calenda	r plan year 2015 or fis	scal plan year beginning 01/01/2015		and ending 12/31	/2015				
A This retu	urn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) (Fil ployer information in accor	_				
B This retu	rn/report is		the final return/report a short plan year returr	n/report (less than 12 mont)	hs)				
C Check b	ox if filing under:	Form 5558 special extension (enter description	automatic extension		DFVC prog	gram			
Part II	Basic Plan Info	rmation—enter all requested inform	ation						
1a Name o		EFINED BENEFIT PLAN		1	b Three-digit plan number (PN) ▶	001			
	1c Effective date of plan 01/01/2010								
Mailing	address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo			b Employer Ident (EIN) 13-3	ification Number 3789740			
	KASSOUF MD PC	e, country, and ZIP or foreign postal co	ide (ir foreign, see instri	2	C Sponsor's telep	phone number 541-3072			
40 70 TH O T	DEET			2	d Business code	(see instructions)			
46 76TH ST ROOKLYN,	NY 11209-3106				621	111			
3a Plan ac	lministrator's name an	d address XSame as Plan Sponsor.		_	b Administrator'sc Administrator's	EIN telephone number			
	EIN, and the plan nun	e plan sponsor has changed since the l nber from the last return/report.	ast return/report filed fo		b EIN c pn				
5a Total n	umber of participants	at the beginning of the plan year			5a	5			
		at the end of the plan year			5b	8			
	er of participants with a ete this item)	account balances as of the end of the p	olan year (defined bene	fit plans do not	5c				
d(1) Tota	I number of active par	ticipants at the beginning of the plan ye	ear	5	5d(1)	4			
d(2) Tota	d(2) Total number of active participants at the end of the plan year								
than 1	00% vested	terminated employment during the plar	·····		5e	0			
		or incomplete filing of this return/rep				aabla a Cabadula			
SB or Sche		ner penalties set forth in the instruction nd signed by an enrolled actuary, as we blete.							
	Filed with authorized/	valid electronic signature.	07/14/2016	MICHAEL J. KASSOUF	MD				
HERE	Signature of plan a	dministrator	Date	Enter name of individual	signing as plan ad	ministrator			
SIGN									

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF	2015		Page 2							
b Are you claiming a wa under 29 CFR 2520.1	assets during the plan year invested in eligil aiver of the annual examination and report of 04-46? (See instructions on waiver eligibility "to either line 6a or line 6b, the plan can	f an indeper and conditi	ndent qualified public a	ccount	ant (IQ	PA)			X Yes X	No No
	benefit plan, is it covered under the PBGC i							№ П	Not determin	ed
	Information				0=1)1	Ц				
7 Plan Assets and Liabi			(a) Beginning	a of Vo	ar.	Ī		(b) End o	of Voor	
		7a	(a) Degillini	1355			'	(b) Liid C	1456040	
					0				0	
·	ract line 7b from line 7a)			1355	547				1456040	
	nd Transfers for this Plan Year		(a) Amou	ınt				(b) To	tal	
a Contributions received		8a(1)	(17)		0000					
(2) Participants		8a(2)								
(3) Others (including	rollovers)	8a(3)								
b Other income (loss)		8b		18	8475					
	es 8a(1), 8a(2), 8a(3), and 8b)	8c							288475	
	ng direct rollovers and insurance premiums	8d		187	982					
	or corrective distributions (see instructions)									
f Administrative service	providers (salaries, fees, commissions)									
h Total expenses (add I	ines 8d, 8e, 8f, and 8g)	8h							187982	
i Net income (loss) (sul	btract line 8h from line 8c)	8i							100493	
j Transfers to (from) the	e plan (see instructions)	·· 8j								
Part IV Plan Cha	racteristics									
	velfare benefits, enter the applicable welfare • Questions	feature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructio	ıns:	
10 During the plan year				1	Yes	No	N/A		Amount	
described in 29 CFI	to transmit to the plan any participant contributed to the plan any participant contributed to the contribut	Voluntary F	iduciary Correction	10a		X				
	exempt transactions with any party-in-interes			10b		Х				
C Was the plan covere	ed by a fidelity bond?			10c	Х				300	0000
d Did the plan have a	loss, whether or not reimbursed by the plan's	s fidelity bo	nd, that was caused	10d		X			300	0000
Were any fees or co carrier, insurance se	mmissions paid to any brokers, agents, or ot ervice, or other organization that provides sor actions.)	ther persons me or all of	s by an insurance the benefits under	10e		X				
	o provide any benefit when due under the pla			10f		X				
q Did the plan have ar	ny participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X				
h If this is an individua	al account plan, was there a blackout period?	(See instru	ictions and 29 CFR	10g 10h						
i If 10h was answered	d "Yes," check the box if you either provided ing the notice applied under 29 CFR 2520.10	the required	d notice or one of the	10i						
j Did the plan trust inc	cur unrelated business taxable income?			10j		Χ				
Part VI Pension Fu	nding Compliance									
	efit plan subject to minimum funding requirer relow)	•			•		•		X Yes	No
11a Enter the unpaid mir	nimum required contribution for all years from	n Schedule	SB (Form 5500) line 4	0			11a	_		0
12 Is this a defined con	ntribution plan subject to the minimum funding	a requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of ER	RISA?	Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/A harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	Tondon Benefit Guaranty Corporation	File as an attac	hment to Form	5500 or 5500-SF.			
For	calendar plan year 2015 or fiscal plan year	ar beginning 01/01/201	15	and endi	ng 12/31/2	2015	
▶ I	Round off amounts to nearest dollar.						
<u> </u>	Caution: A penalty of \$1,000 will be asse	essed for late filing of this rep	port unless reaso	onable cause is established	ed.		
	Name of plan	SEMEST DI ANI		B Three-dig	jit		
MIC	CHAEL J. KASSOUF MD PC DEFINED B	BENEFII PLAN		plan num	ber (PN)	•	001
C	Plan sponsor's name as shown on line 2a	of Form 5500 or 5500 SE		D Employer	Idontification	n Number (E	INI)
	CHAEL J. KASSOUF MD PC	01 F01111 3300 01 3300-3F		D Employer	13-37897		iiv)
					13-37037	+0	
Ет	ype of plan: X Single Multiple-A	Multiple-B	F Prior year pla	ın size: X 100 or fewer	101-500	More that	an 500
Pa	art I Basic Information			—			
1		onth 12 Day 3	31 Year <u>2</u>	2015			
2	Assets:	<u> </u>					
	a Market value				2a		1186040
	b Actuarial value				2b		1186040
3	Funding target/participant count breakdo			(1) Number of	(2) Vested	d Fundina	(3) Total Funding
•	r unamy target participant count broaket			participants	Tar	-	Target
	a For retired participants and beneficiar	ies receiving payment		1		52552	52552
	b For terminated vested participants			0		0	C
	C For active participants			7		1044065	1084948
	d Total			8		1096617	1137500
4	If the plan is in at-risk status, check the	box and complete lines (a) a	and (b)				
	a Funding target disregarding prescribe			ш	4a		
	b Funding target reflecting at-risk assur	•					
	at-risk status for fewer than five co				4b		
5	Effective interest rate				5		6.11%
6	Target normal cost				6		30529
	ement by Enrolled Actuary						
a	To the best of my knowledge, the information supplied in accordance with applicable law and regulations. In my o	opinion, each other assumption is reas					
	combination, offer my best estimate of anticipated expe	rience under the plan.					
	SIGN						
Н	ERE					07/19/20	16
		ure of actuary				Date	
JEF	FREY S. RICHGAT					14-0509	
	71 1	nt name of actuary			Most rec	ent enrollmei	
JR F	PENSION SERVICES INC.					646-454	
420	Fir E. 23RD STREET	rm name		Te	elephone nu	mber (includ	ling area code)
BO	X 7F W YORK, NY 10010						
INEV	W TORK, NT 10010						
	Addre	ess of the firm					
If the	actuary has not fully reflected any regular	tion or ruling promulgated u	nder the statute	in completing this schedu	le, check th	e box and se	ее П

Page	2	_
ı ayc	_	

Pa	rt II	Begir	ning of Year (Carryov	er and Prefunding Ba	alances						
							(a) (Carryover balance		(b) i	Prefundi	ng balance
7		-	•		cable adjustments (line 13 f	•			0			139594
8			•	•	unding requirement (line 35				0			0
9		-							0	13959		
10					urn of <u>3.65</u> %				0	509		
11	Prior ye	ar's exc	ess contributions to	be added	to prefunding balance:							
	a Present value of excess contributions (line 38a from prior year)									44936		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior y Schedule SB, using prior year's effective interest rate of <u>6.28</u> %											8
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual											
					or to odd to profunding bolon							0
	_		0 0	. ,	ear to add to prefunding balar							44944
	d Portion	on of (c)	to be added to pre	funding ba	alance							44944
12	Other re	eductions	s in balances due t	o elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current yea	ar (line 9 +	- line 10 + line 11d – line 12)			0			189633
P	art III	Fun	ding Percenta	ges								
14	Funding	g target a	attainment percenta	age							14	86.58 %
15	Adjuste	d funding	g target attainment	percentag	je						15	104.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	95.00 %			
17	If the cu	urrent val	lue of the assets of	the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	l Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N/	(a) Dat IM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer((0	,	int paid by ovees
•	6/08/2016		ompleyer(270000	0	(111111 52	, , , , , ,	omployer(<u>.</u>		ompi	oyeee
	<i>,,</i>			210000								
						Totals ▶	18(b)		270000	18(c)		
19	Discour	nted emp	loyer contributions	– see inst	tructions for small plan with	a valuation	date after th	ne beginning of the	year:			
	a Contr	ributions	allocated toward u	npaid min	imum required contributions	from prior	years		19a			0
	b Contr	ributions	made to avoid rest	rictions ac	djusted to valuation date				19b			0
	C Contr	ributions a	allocated toward mir	nimum requ	uired contribution for current y	ear adjuste	d to valuation	n date	19c			261336
20		,	outions and liquidity								-	
					he prior year?						<u>Þ</u>	Yes No
	b If line	e 20a is "	Yes," were require	d quarterly	installments for the current	t year made	in a timely	manner?			<u> </u>	Yes X No
	C If line	20a is "	Yes," see instruction	ons and co	emplete the following table a							
		(1) 1:	st		Liquidity shortfall as of e	na or quarte	er of this pla (3)	n year 3rd			(4) 4tl	า
		. , ,	0		0		(-/	0			. ,	0

	-4 \/	A 1' -		F dia T 4 d T	4 N 1 O 4				
			ns Used to Determine	Funding Target and Targe	t Normal Cost				
21		ınt rate:	1st sagment:	2nd sagment:	3rd cogmont:	. 1			
	a Seg	ment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	used
	b App	licable month (enter code)			21b			0
22	Weight	ted average ret	irement age			. 22			62
23	Mortali	ity table(s) (see	e instructions) X Pro	escribed - combined Pres	scribed - separate	Substitut	е		
Pa	rt VI	Miscellane	ous Items						
24	Has a	change been m	nade in the non-prescribed act	uarial assumptions for the current			· · -	d Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the p	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27	If the p	olan is subject to	o alternative funding rules, en	er applicable code and see instruc	tions regarding	27	<u> </u>		
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contributions	s For Prior Years				
28	Unpaid		•	years		28			0
29	Discou	ınted employer	contributions allocated toward	unpaid minimum required contribu	utions from prior years	29			-
30	,			ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31			nd excess assets (see instruct						
<u> </u>			•			31a			30529
	_			line 31a		31b			0
32		zation installme	-		Outstanding Bala	-	Installr	nent	
-					- Catotanang Pan	70307			58906
						0			0
33	If a wa	iver has been a	approved for this plan year, en	ter the date of the ruling letter gran		33			0
34	Total fu			er/prefunding balances (lines 31a -		34			89435
		aagqao.	g canyon	Carryover balance	Prefunding bala		Total ba	lance	00400
35	Ralana	es alacted for :	use to offset funding	,					
33				0		0			0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36			89435
37				ontribution for current year adjusted		37			261336
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)					
	a Tota	I (excess, if any	y, of line 37 over line 36)			. 38a			171901
	b Porti	ion included in	line 38a attributable to use of	prefunding and funding standard ca	arryover balances	. 38b			0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over I	ine 37)	. 39			0
40	Unpaid	d minimum requ	uired contributions for all years	S		40			0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)			
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					
_	a Sche	edule elected				<u></u>	2 plus 7 years	15 y	years
	b Eligil	ble plan year(s)) for which the election in line	41a was made		2008	3 2009 201	0	2011
42	Amoun	t of acceleratio	n adjustment			42			
43	Fycess	installment ac	celeration amount to be carrie	d over to future plan years		43			

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

2015

This Form is Open to Public Inspection

		Complete an entries in ac	cordance with the instru	ctions to the Form 55	00-5F.	
_		t Identification Information				
For	calendar plan year 2015 or f	îscal plan year beginning	01/01/2015	and ending	12/31 <u>/2</u> 0	15
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	lan (not multiemployer) mpioyer information in m/report (less than 12 i	accordance with the	
С	Check box if filing under:	Form 5558	automatic extension		DFVC	program
			<u> </u>			_
	art II Basic Plan Inf Name of plan	formation enter all requested i	nformation		1b Three-dig	<u> </u>
ıa	•	f MD PC Defined Benefit I	lan		plan numt (PN) ►	
_					1c Effective of 01/01/2	
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street or P.O. nce, country, and ZIP or foreign posta	Box)	ructions)		Identification Number 3-3789740
	Michael J. Kassou					telephone number 541–3072
	346 76th Street				2d Business 621111	code (see instructions)
_	US Brooklyn NY 11209-31				21	
3 a	Plan administrator's name	and address X Same as Plan Spo	nsor Name		3b Administra	ator's EIN
_						ator's telephone number
4		he plan sponsor has changed since t umber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN	
_a	Sponsor's name				4c PN	
5 a	Total number of participant	s at the beginning of the plan year	***************************			5
b		s at the end of the plan year			. 5b	8
С	complete this item)	a account balances as of the end of the	***************************************			
d	(1) Total number of active page	articipants at the beginning of the pla	n year	***************************************	. 5d(1)	4
d	(2) Total number of active pa	articipants at the end of the plan year	***************************************		. 5d(2)	7
e	Number of participants that less than 100% vested	t terminated employment during the p	lan year with accrued ben	efits that were	. 5e	0
Ca	aution: A penalty for the lat	e or incomplete filing of this return	/report will be assessed	unless reasonable ca	ause is establishe	ed.
ŞE		other penalties set forth in the instruction and signed by an enrolled actuary, a miglete.				
S	sign	MVIII-	711411	Michael J. Kas	souf	
	IERE Signature of plan ad	ministrator	Date	Enter name of individe	ual signing as plan	administrator
	SIGN	MHeilt	mindli	Michael J. Kas		
	HERE Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor
Pr		n name, if applicable) and address; in	clude room or suite number	er	Preparer's telep	hone number

	Form 5500-SF 2015		Page 2							
<u>—</u>	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)		•••••	******		•••••	X Yes	□No
	Are you claiming a waiver of the annual examination and report of ar			ntant	(IQPA	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ons.)					·············.	X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must inst							. 4
٠	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	1 402	1)?		Yes	X No	☐ Not de	eterminea
Pa	rt III Financial Information					_			•••	
	Plan Assets and Liabilities	_	(a) Beginning of			+-		(b) End o		
$\overline{}$	Total plan assets	7a	1,35	5,5	4 7 0	+			1,456,	040
	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total									
	Contributions received or receivable from:				^^	T^-				
	(1) Employers	8a(1)		0,0	00	+				
	(3) Others (including rollovers)	8a(2) 8a(3)				+				
b	Other income (loss)	8b	1	8,4	75	\vdash			*	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				\top			288,	475
d	Benefits paid (including direct rollovers and insurance premiums		10	7,9	02					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e		,,,	02	+				
_	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8f				+		-		
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							187,	982
i	Net income (loss) (subtract line 8h from line 8c)	8i							100,	493
_نہ	Transfers to (from) the plan (see instructions)	8j							-	
Pa	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
\rightarrow	1A 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instruction	ns:	
Bo	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		ions within	the time period		103		100		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)			10a		х	\sqcup			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
				10c					3	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's t	fidelity bon	id, that was caused					_		
	by fraud or dishonesty?			10d		х	$\vdash \vdash$			
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e		х	Ш			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h			-			
i										
j	j Did the plan trust incur unrelated business taxable income?									
Pa	t VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year.				•••••		11a			0
12							02 of El	RISA?	Yes	X No

Form 5500-SF 2015 Page 3 -			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			-
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	uctions, and	enter the date of	the letter ruling ear
granting the waiver. Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<u> </u>	<u></u>
b Enter the minimum required contribution for this plan year	T	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 negative amount)	of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			□ 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 of the PBGC?		ntrol	Yes X No
C 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.)	ne plan(s) to		
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trust's El	N
14c Name of trustee or custodian		14d Trustee o	
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:		Yes Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(r 2(a)(2)(ii))?		☐ Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	Ratio Percentage Test	Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combin this plan with any other plans under the permissive aggregation rules?		Yes	□ No
17a Has the Plan been timely amended for all required law changes?		☐ Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adoptedii	Enter the	e applicable cod	e (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / and the letter's serial number	er.		
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please edetermination letter / /	mer the date	or plans last fa	VOIADIE
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	□ No
19 Were in-service distributions made during the plan year?		Yes	□ No
If Yes, enter amount	······	19	
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth	ner or	Yes	□ No □ N/A

Plan Name: Michael J. Kassouf MD PC Defined Benefit Plan

Employer Identification Number (EIN): 13-3789740

Plan Number: 001

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Plan Name: Michael J. Kassouf MD PC Defined Benefit Plan

Employer Identification Number (EIN): 13-3789740

Plan Number: 001

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

► File as an attachme	nt to Form 5500 or 5	5500-SF.						
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015								
▶ Round off amounts to nearest dollar.								
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report u	unless reasonable cau	use is established.						
A Name of plan		B Three-digit						
Michael J. Kassouf MD PC Defined Benefit Plan		plan numb		001				
Michael C. Rabball In 10 bellinea benefit flan		piantianis	o, (, , , ,					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification Nu	mber (EIN)				
Michael J. Kassouf MD PC		13	3-3789740					
michael of Mabball Ib 10								
E Type of plan: X Single Multiple-A Multiple-B	Prior year plan size:∑	100 or fewer	101-500	More than 500				
Part I Basic Information								
1 Enter the valuation date: Month 12 Day 31	Year2015	_						
2 Assets:		_						
a Market value			2a	1,18	6,040			
b Actuarial value	• • • • • • • • • • • • • • • • • • • •		2b	1,18	36,040			
3 Funding target/participant count breakdown:	(1) Number of	(2) Vested	Funding	(3) Total Fundin				
Turking targesparaoparit ocurt breakdown.	participants	Targ		Target	м			
-			F0 FF0	-				
a For retired participants and beneficiaries receiving payment	1		52,552		52,552			
b For terminated vested participants	0		0		(
C For active participants	7		1,044,065		34,948			
d Total	8		1,096,617	1,13	37,500			
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	on rule for plans that h	have been in	4b					
at-risk status for fewer than five consecutive years and disregarding	g loading factor							
5 Effective interest rate			5	6.	11 %			
6 Target normal cost			6	3	0,529			
Statement by Enrolled Actuary	111			10				
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (combination, offer my best estimate of anticipated experience under the plan.								
SIGN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
HERE			07/1	9/2016				
Signature of actuary								
,				Date				
Jeffrey S. Richgat 14-05094								
Type or print name of actuary Most recent enrollment number JR Pension Services Inc. (646) 454-1031								
JR Pension Services Inc.			(646) 4	154-1031				
Firm name Telephone number (including area code)								
420 E. 23rd Street								
Box 7F US New York NY 10010								
Address of the firm								
	r the statute in severals	ting this sahadula	shock the be	v and soo				
If the actuary has not fully reflected any regulation or ruling promulgated under	the statute in comple	eung this schedule	, check the bo	x and see				

		le SB (Form 5500) 2015		Page	2]			
Pa	rt II Beg	inning of Year Carryov	er and Prefunding Bala	ances					
_					(a)	Carryover balance	(b)	Prefundi	ng balance
7			icable adjustments (line 13 fror			C	,		139,594
8			funding requirement (line 35 fro			C			0
9							+		139,594
	10 Interest on line 9 using prior year's actual return of3.65%								
		xcess contributions to be adde							3,033
	a Present value of excess contributions (line 38a from prior year)								
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.28 %								
	h(2) Interes	t on line 38h from prior year So	hedule SB, using prior year's a	otual					8
			year's a						0
	C Total avail	able at beginning of current pla	an year to add to prefunding ba	lance .					44,944
			palance						44,944
12			s or deemed elections			C	,		0
			+ line 10 + line 11d - line 12) .			C)		189,633
Pa	art III F	unding Percentages							
14	Funding targe	et attainment percentage						14	86.58 %
15	Adjusted fund	ding target attainment percenta	ge					15	104.27 %
16			s of determining whether carryo					16	95.00 %
17	If the current	value of the assets of the plan	is less than 70 percent of the fo	unding ta	rget, enter	such percentage		17	%
Pa	art IV C	ontributions and Liquid	dity Shortfalls						
18	Contributions	made to the plan for the plan	year by employer(s) and emplo	yees:					
(M	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees) Date D-YYYY)	(b) Amount paid employer(s)	by		unt paid by oyees
06,	/08/2016	270,000							

							Totals ►	18(b)		2'	70,000	18(c)			
19	Discounted e	mployer contribution	ns see ins	structions for	or small plan v	with a	valuation da	te after	the beginning o	f the y	ear:				
	a Contribution	ons allocated toward	unpaid mir	nimum requ	ired contribut	tions fr	rom prior yea	irs		. 1	9a				C
	b Contribution	ons made to avoid re	estrictions a	djusted to	valuation date	e				. 1	9b				C
	C Contribution	ons allocated toward	minimum r	equired co	ntribution for o	current	it year adjust	ed to va	aluation date .	. 1	9с			2	61,336
20	Quarterly cor	ntributions and liquid	ity shortfall:	s:											
	a Did the pla	an have a "funding sl	hortfall" for	the prior ye	ear?			• • • • • • •			•••••		X	Yes [No
	b If line 20a	is "Yes," were requi	red quarterl	y installme	nts for the cur	irrent ye	ear made in	a timely	y manner?	•••••			□	Yes [X No
	c If line 20a	is "Yes," see instruc	tions and c	omplete the	e following tab	ble as a	applicable:								
		·	•	Liquidity	shortfall as o	of end	of quarter of	this pla	n year						•
	(1)	1st		(2)	2nd			(3)	3rd			(4) 4th	1	

P	art V Assumpti	ons Used To Determin	e Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	etirement age			22	62
23	Mortality table(s) (se	ee instructions) X P	rescribed - combined Pres	scribed - separate	Substitu	te
Pa	rt VI Miscellan	eous items				
24	Has a change been	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
	attachment					Yes 🕱 No
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No
26	Is the plan required	to provide a Schedule of Active	e Participants? If "Yes," see instruct	ions regarding required	attachmen	t Yes 🗓 No
27			nter applicable code and see instruc		27	
Pa	rt VII Reconcil	iation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid minimum red	quired contributions for all prior	years		28	0
29			d unpaid minimum required contrib		29	0
30	Remaining amount of	of unpaid minimum required co	ntributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution	n For Current Year			
31	Target normal cost a	and excess assets (see instruc	tions):			
	a Target normal cos	t (line 6)			31a	30,529
	b Excess assets, if a	applicable, but not greater than	line 31a		31b	0
32	Amortization installm	nents:		Outstanding Bala	ance	Installment
	a Net shortfall amort	tization installment			70,307	58,906
	b Waiver amortization	on installment			0	0
33	If a waiver has been (Month		nter the date of the ruling letter grar) and the waived amount .		33	0
34	Total funding require	ment before reflecting carryove	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	89,435
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for requirement	use to offset funding	0		0	0
36					36	89,435
	Contributions allocat	ted toward minimum required o	contribution for current year adjuste	d to valuation date	37	261,336
38		cess contributions for current ye				
		-	• • • • • • • • • • • • • • • • • • • •		38a	171,901
			prefunding and funding standard c		38b	0
39			/ear (excess, if any, of line 36 over		39	0
			s	,	40	0
			Pension Relief Act of 2010		5)	
41	If an election was ma	de to use PRA 2010 funding re	elief for this plan:			
	a Schedule elected				[2 plus 7 years 15 years
	b Eligible plan year(s	s) for which the election in line	41a was made	 	. 200	08 2009 2010 2011
42	Amount of acceleration	on adjustment		.	42	
43	Excess installment ac	cceleration amount to be carrie	d over to future plan years		43	

Michael J. Kassouf MD PC Defined Benefit Plan VALUATION AS OF 12/31/2015 Summary of Plan Provisions

Plan Effective Date January 1, 2010

Plan Anniversary Date January 1, 2015

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date 01/01 or 07/01 coincident with or following the satisfaction of the requirements

Normal Retirement Date 62nd birthday and plan anniversary nearest 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit Benefit Formula:

5% per year of service times compensation

Maximum total years of service: 15 Maximum years of past service: 5

IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$265,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount Benefit supported by 0% theoretical ILP cost of retirement benefit (RR74-307)

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Exclude service before age 18

Exclude service before effective date
Computation Period: Years Beginning 1/1

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Units accrued to date

Michael J. Kassouf MD PC **Defined Benefit Plan**

VALUATION AS OF 12/31/2015

Summary of Actuarial Method and Assumptions

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.72% Second Segment: 6.11% Third Segment: 6.81%

IRC404 Funding Yield Curve Segmented Rates

1.39% First Segment: Second Segment: 3.98% Third Segment: 5%

Pre-Retirement Valuation Assumptions

Mortality Table 2015 430(h)(3)(A)-Optional combined

Retirement Valuation Assumptions

Mortality Table 2015 430(h)(3)(A)-Optional combined

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Death Benefit

Liability funded on a reserve basis with Normal Retirement Benefit

Mortality Table 2015 430(h)(3)(A)-Optional combined

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Mortality Table 2015 417(e)(3) Applicable Mortality Table

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

5% Effective annual rate **Investment Earnings**

Mortality Table 2015 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

5.5% Effective annual rate **Investment Earnings**

Michael J. Kassouf MD PC Defined Benefit Plan Schedule SB, line 19 - Discounted Employer Contributions Plan Name: Michael J. Kassouf MD PC Defined Benefit Plan

			Effective		Penalty	Additional	Value
		Plan	Rate of	Discounted	Rate of	Discounted	As of
Date	Amount	Year	Interest	Amount	Interest	Amount	Valuation Date
06/08/2016	270000.00	2015	6.11%	263071.00	11.11%	-1734.99	261336.01
Total for Minimum Required Contribution	270000.00			263071.00		-1734.99	261336.01

Michael J. Kassouf MD PC Defined Benefit Plan Schedule SB, line 32 - Schedule of Amortization Bases Plan Name: Michael J. Kassouf MD PC Defined Benefit Plan

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	145,036	12/31/2010	2	74,190
Shortfall Base	24,594	12/31/2011	3	8,579
Shortfall Base	-43,644	12/31/2012	4	-11,677
Shortfall Base	-55,679	12/31/2013	5	-12,186
Total	70,307			58,906