Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

NATASHA PAZ

ERISA PENSION SYSTEMS 1035 NE 125 STREET, STE 320 NORTH MIAMI, FL 33161 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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Parti		identification information		, "	(0.1.10		
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2015		•	31/2015		
		x a single-employer plan		lan (not multiemployer) (-	
A This ret	urn/report is for:	a one-participant plan		nployer information in acc	cordance	with the form	n instructions)
			a foreign plan				
B This retu	rn/report is	the first return/report	the final return/report				
D This retu	in vioport io		·	n/report (less than 12 mo	nths)		
0			a onon plan your rotal	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
C Check b	oox if filing under:	X Form 5558	automatic extension			DFVC prog	ram
		special extension (enter description	nn)				
Part II	Basic Plan Info	rmation—enter all requested inform	ation	1			
1a Name						ree-digit	
ARNON KRO	ONGRAD PENSION F	PLAN			•	in number N) ▶	001
				-		ective date o	
					10 2		1/2005
2a Plan sp	oonsor's name (emplo	yer, if for a single-employer plan)			2b Em	ployer Identi	fication Number
		m, apt., suite no. and street, or P.O. Bo		ruotiono)	(EII		942963
	NGRAD, M.D., P.A.	e, country, and ZIP or foreign postal co	ode (ii foreign, see insti	uctions)	2c Sp		hone number
					0.1		36-0474
0900 NE 30	TH AVE.				20 Bus	siness code ((see instructions)
	FL 33180-2100					6211	111
3a Plan ad	dministrator's name ar	nd address Same as Plan Sponsor.			3b Adr	ministrator's	
RNON KRO	NGRAD, M.D., P.A.	20900 NE 30			20.01)942963
		AVENTURA,	FL 33180-2100		3C Adr	ministrator's 1	telephone number
						305-93	36-0474
4 If the n	ame and/or FIN of the	e plan sponsor has changed since the l	last return/report filed f	or this plan, enter the	4b EIN		
		mber from the last return/report.	ast return/report filed for	or this plan, enter the	TO LIN		
a Sponso	or's name				4c PN		
5a Total n	number of participants	at the beginning of the plan year			5a		3
b Total n	number of participants	at the end of the plan year			5b		3
		account balances as of the end of the p	, ,	•	5c		
	,			Ī			
` '		rticipants at the beginning of the plan y		-	5d(1)		3
		rticipants at the end of the plan year			5d(2)		3
		terminated employment during the plan			5e		0
		or incomplete filing of this return/rep			se is est	ablished.	
SB or Sche		her penalties set forth in the instruction nd signed by an enrolled actuary, as wo plete.					
SIGN		/valid electronic signature.	10/13/2016	ARNON KRONGRAD			
HERE	Signature of plan a		Date	Enter name of individu	al signing	n as nlan adr	ministrator
	- Signature or pidir d		Date	Littor Harrie of Hidividu	ar orgrinit	g ao pian au	i iii iioti atoi

Date 1

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

305-895-4949

Forr	n 5500-SF 2015		Page 2							
b Are you cla under 29 C	the plan's assets during the plan year invested in eligible iming a waiver of the annual examination and report of FR 2520.104-46? (See instructions on waiver eligibility wered "No" to either line 6a or line 6b, the plan cannot be seen the plan c	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	
-	a defined benefit plan, is it covered under the PBGC in						_	X No	Not deterr	nined
	nancial Information	<u> </u>					L			
	and Liabilities		(a) Beginning	n of Ye	ar			(b) End	of Year	
	ssets	. 7a	(a) Deginning	1563				(b) Liid	15003	04
	abilities				0					0
	sets (subtract line 7b from line 7a)			1563	185				15003	04
	penses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
	ns received or receivable from: ers	. 8a(1)	, ,		200			`,		
(2) Particip	ants	. 8a(2)			0					
(3) Others	(including rollovers)	. 8a(3)			0					
b Other incon	ne (loss)	. 8b		-85	632					
	e (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							-514	32
	d (including direct rollovers and insurance premiums enefits)	. 8d			0					
	med and/or corrective distributions (see instructions)	. 8e			0					
	ve service providers (salaries, fees, commissions)	. 8f		11	449					
	nses	. 8g			0					
h Total exper	ses (add lines 8d, 8e, 8f, and 8g)								114	49
i Net income	(loss) (subtract line 8h from line 8c)	. 8i							-628	81
j Transfers to	(from) the plan (see instructions)	- 8j								
Part IV P	an Characteristics									
	provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ions:	
10 During the	plan year:				Yes	No	N/A		Amount	
described	a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction	10a		X				
	e any nonexempt transactions with any party-in-interes			10b		X				
C Was the	olan covered by a fidelity bond?			10c		X				
•	an have a loss, whether or not reimbursed by the plan's r dishonesty?	•		10d		X				
carrier, in	fees or commissions paid to any brokers, agents, or other organization that provides son (See instructions.)	ne or all of	the benefits under	10e		X				
f Has the p	an failed to provide any benefit when due under the pla	ın?		10f		X				
g Did the pla	an have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Χ				
h If this is a	n individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g						
i If 10h was	answered "Yes," check the box if you either provided to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i						
j Did the pl	an trust incur unrelated business taxable income?			10j		Χ				
Part VI Pen	sion Funding Compliance									
	fined benefit plan subject to minimum funding requirem line 11a below)	•			•			•	X Yes	No
11a Enter the	unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12 Is this a d	efined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of F	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		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

Fo	r calendar	r plan year 2015	or fiscal plan y	ear beginning 0	1/01/2015		and endi	ng 12/3	1/2015	
•	Round o	ff amounts to	nearest dollar.							
<u> </u>	Caution:	A penalty of \$1	,000 will be ass	sessed for late filing of	of this report unless rea	sonable ca	ause is establishe	ed.		
	Name of p	olan ONGRAD PEN	SION PLAN				B Three-dig	•	•	001
_							_			
		SONGRAD, M.D		a of Form 5500 or 55	600-SF		D Employer	65-0942	tion Number (I 2963	EIN)
Е	Type of pla	an: X Single	Multiple-A	Multiple-B	F Prior year	olan size:	100 or fewer	101-5	00 More th	nan 500
Р	art I	Basic Inforr	nation							
1	Enter th	ne valuation dat	e: N	Month <u>01</u> [Day <u>01</u> Year	2015	_			
2	Assets:									
	a Marke	et value						2a		1563185
	b Actua	arial value						2b		1563185
3	Funding	g target/particip	ant count break	down		` ,	Number of rticipants	•	ted Funding arget	(3) Total Funding Target
	a For re	etired participar	nts and beneficia	aries receiving payme	ent		0		0	0
	b For te	erminated veste	d participants				0		0	0
	C For a	ctive participant	s				3		1712131	1712131
	d Total						3		1712131	1712131
4	If the pl	an is in at-risk s	status, check the	e box and complete li	ines (a) and (b)					
	a Fund	ing target disre	garding prescrib	ed at-risk assumptio	ns			4a		
					arding transition rule for d disregarding loading t			4b		
5	Effectiv	e interest rate						5		6.11%
6	Target	normal cost						6		0
	To the best of accordance combination	with applicable law a	e information supplied and regulations. In my		npanying schedules, statemen ption is reasonable (taking into					ped assumption was applied in and such other assumptions, in
	SIGN HERE								09/13/2	016
			Signa	ture of actuary					Date	
NE	IL A. USE	DEN							14-022	04
			Type or pr	int name of actuary				Most re	ecent enrollme	ent number
EF	RISA PENS	SION SYSTEMS	3						305-89	5-4949
		S STREET, STE MI, FL 33161		irm name			Τε	elephone	number (inclu	ding area code)
			Addı	ress of the firm			_			
If th	e actuany	has not fully rof	acted any regul	ation or ruling promu	llgated under the statut	e in comple	ating this school	ıla chack	the hov and s	
	e actuary i ructions	nas not fully fell	colou any regul	anon or runing profite	ngatou unuer the statut	o in compi	cang ans someut	iio, oneok	the box and s	

Page	2	_
ı ayc	_	

Pa	ırt II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances						
_						.]	(a) (Carryover balance		(b) F	Prefundi	ng balance
7		•			cable adjustments (line 13 f				0			23291
8	Portion	elected f	for use to offset pr	ior year's f	unding requirement (line 35	from						
									0			18981
9									0			4310
10					urn of <u>2.28</u> %				0			98
11	-				d to prefunding balance:				-			
				,	38a from prior year) Ba over line 38b from prior y	-						0
					we interest rate of $\underline{6.32}\%$							0
	b(2) Ir	nterest or	n line 38b from prid	or year Sch	nedule SB, using prior year's	actual						0
					ear to add to prefunding balar							0
			0 0			-						0
	a Porti	ion of (c)	to be added to pre	efunding ba	alance							0
12	Other r	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balanc	e at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12)			0			4408
Pa	art III	Fun	ding Percenta	ages						1		
											14	91.04 %
	15 Adjusted funding target attainment percentage 91.04 %											
16					of determining whether car						16	95.68 %
17	If the c	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:				_		
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer(s		(0		int paid by ovees
•	5/07/201			34200	0	(,		-/			-,
				0.200	Ţ.							
						Totals ►	18(b)		34200	18(c)		0
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation o	date after th	ne beginning of the	year:			
	_			•	imum required contributions			F	19a			0
					djusted to valuation date			l l	19b			0
					uired contribution for current y	ear adjusted	to valuation	n date	19c			30832
20		•	outions and liquidit	•					L		Г	l vas V N
			_		he prior year?						 _	Yes X No
			•		/ installments for the current	•	•	manner?				Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	emplete the following table a Liquidity shortfall as of e			n vear				
		(1) 19	st		(2) 2nd	III OI QUAITE		3rd	L		(4) 4th	า

Pa	rt V A	ssumption	ns Used to Determine I	Funding Target and Targe	et Normal Cost				
21				anamg rangerana range					
	a Segm	nent rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	used
	b Applic	cable month (e	enter code)			21b			0
22	Weighte	d average reti	rement age			22			65
23		table(s) (see			scribed - separate	Substitut	te		
Pa	rt VI N	liscellaned	ous Items						
24		ŭ	•	uarial assumptions for the current			· · · –	d Yes	X No
25	Has a m	ethod change	been made for the current pla	n year? If "Yes," see instructions	regarding required attac	hment		Yes	X No
26	Is the pla	an required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No
27		•	•	er applicable code and see instruc	0 0	27			<u> </u>
Pa	rt VII	Reconcilia	tion of Unpaid Minimu	m Required Contribution	s For Prior Years				
28	Unpaid i	minimum requ	ired contributions for all prior	ears		28			0
29	Discoun	ted employer	contributions allocated toward	unpaid minimum required contrib	utions from prior years	29			0
30	Remaini	ing amount of	unpaid minimum required con	tributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum I	Required Contribution	For Current Year					
31	Target r	normal cost an	nd excess assets (see instructi	ons):					
	a Target	normal cost (line 6)			31a			0
	b Exces	s assets, if ap	plicable, but not greater than I	ine 31a		31b			0
32	Amortiza	ation installme	nts:		Outstanding Bala	nce	Installn	nent	
	a Net sh	nortfall amortiz	ation installment			153354			35015
	b Waive	er amortization	installment			0			0
33				er the date of the ruling letter gran		33			
34	Total fur	nding requirem	nent before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			35015
				Carryover balance	Prefunding balar	nce	Total ba	lance	
35			se to offset funding	0		4183			4183
36	Addition	al cash require	ement (line 34 minus line 35).			36			30832
37				ntribution for current year adjuste		37			30832
38	Present	value of exces	ss contributions for current yea	ar (see instructions)					
	a Total (excess, if any	, of line 37 over line 36)			38a			0
	b Portio	n included in li	ine 38a attributable to use of p	refunding and funding standard c	arryover balances	38b			0
39	Unpaid ı	minimum requ	ired contribution for current ye	ar (excess, if any, of line 36 over	line 37)	39			0
40	Unpaid	minimum requ	ired contributions for all years			40			0
Pa	rt IX	Pension F	unding Relief Under P	ension Relief Act of 2010	(See Instructions)				
41	If an elec	ction was mad	e to use PRA 2010 funding re	lief for this plan:					
	a Sched	lule elected					2 plus 7 years	15 ye	ears
	b Eligibl	e plan year(s)	for which the election in line 4	1a was made		2008	8 2009 201	0 2	2011
42	Amount	of acceleratior	n adjustment			42			

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Arnon Krongrad Pension Plan 65-0942963 / 001

For the plan year 01/01/2015 through 12/31/2015

01/01/2015 Valuation Date:

As prescribed in IRC Section 430 **Funding Method:**

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Segment 3

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.22
Segment 2	6 - 20	4.11
Segment 3	> 20	5.20

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -Segment # Year Rate % Segment 1 0 - 5 4.72 Segment 2 6 - 206.11

> 20

6.81

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None None Salary Scale -Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -15C - 2015 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -15E - 2015 Applicable Mortality Table for 417(e) (unisex) at 5%

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:**

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8% Post-Retirement - Interest -8%

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Arnon Krongrad Pension Plan 65-0942963 / 001

For the plan year 01/01/2015 through 12/31/2015

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Be	enent Guaranty Corporation	▶ Complete all entries in acce	ordance with the instr	uctions to the Form 5	500-SF.	•	
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2015 or fise	cal plan year beginning 0	1/01/2015	and ending	12/	31/2015	
A This ret	turn/report is for:	X a single-employer plan	I			king this box must attach a ith the form instructions)	
	·	a one-participant plan	a foreign plan			·	
B This retu	urn/report is	片 ' 片	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	ionths)		
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC program	
		special extension (enter description	,				
Part II	Basic Plan Infor	mation—enter all requested inform	nation		1		
1a Name ARNON K	of plan CRONGRAD PENSIO	ON PLAN				number 001	
					(PN)		
						tive date of plan 01/2005	
Mailing	g address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo				oyer Identification Number 65-0942963	
•	KRONGRAD, M.D	, country, and ZIP or foreign postal co., P.A.	ode (if foreign, see instr	ructions)		sor's telephone number -936-0474	
20900	NE 30TH AVE.				2d Busin	less code (see instructions)	
					621	111	
AVENTU		FL 33180-2100					
	dministrator's name and	·				nistrator's EIN 0942963	
ARNON I	KRONGRAD, M.D.	, P.A.			-		
20900 1	NE 30TH AVE.					nistrator's telephone number 936-0474	
AVENTU	RA	FL 33180-2100					
		plan sponsor has changed since the ber from the last return/report.	last return/report filed for	or this plan, enter the	4b EIN		
a Sponso	or's name				4c PN		
5a Total r	number of participants a	at the beginning of the plan year			5a	3	
b Total r	number of participants a	at the end of the plan year			5b	3	
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined bene	efit plans do not	5c	-	
	,	icipants at the beginning of the plan y			5d(1)	3	
d(2) Tota	al number of active part	icipants at the end of the plan year			5d(2)	3	
		erminated employment during the pla			5e	0	
		r incomplete filing of this return/re			use is estab	lished.	
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as w					
SIGN	Arnon Krong		10/13/2016	ARNON KRONGRA	D		
HERE	Sign Ret 16/16/19/14 Plan ac	lministrator	Date	Enter name of individ	ual signing a	as plan administrator	
SIGN	Arnon Krongs		10/13/2016	ARNON KRONGRA			
HERE	SigPFZf246@74P@APploy	ver/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor	
	reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number 305-895-4949						
Erisa E	Pension System	q			1		

33161

1035 NE 125 Street, Ste 320

North Miami

	Form 5500-SF 2015		Page 2							
b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility alf you answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount t instea	ant (IQ	PA) Form	5500.		X Yes X Yes	☐ No
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginninç	of Yea	ar			(b) End o	f Year	
а	Total plan assets	7a		1,56	3,18	5			1,50	0,304
b	Total plan liabilities	7b				0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		1,56	3,18	5			1,50	0,304
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) To	tal	
	Contributions received or receivable from: (1) Employers	8a(1)		3	4,20	0				
	(2) Participants	8a(2)				0				
	(3) Others (including rollovers)	8a(3)				0				
b	Other income (loss)	8b		-8	5,63	2				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-5	1,432
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0				
е	Certain deemed and/or corrective distributions (see instructions)	8e				0				
f	Administrative service providers (salaries, fees, commissions)	8f		1	1,44	9				
g	Other expenses	8g				0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	1,449
i	Net income (loss) (subtract line 8h from line 8c)	8i							-6	2,881
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
B	If the plan provides pension benefits, enter the applicable pension 1A 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 1A 3D				acterist	ic Cod	des in th			
10	During the plan year:				Yes	No	N/A	,	Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
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.)	ner persons	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j		Х				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Yes	No
11a	Enter the unpaid minimum required contribution for all years from							<u> </u>	0	
12	Is this a defined contribution plan subject to the minimum funding							ERISA?	Yes	X No

	Form 5500-SF 2015 Page 3 -					
	(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 instru					ing
	granting the waiver		Day _		Year	
	inter the minimum required contribution for this plan year		12b			
	nter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		404			
	negative amount)		12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets					
	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			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		ntrol		Yes X	No
	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.)	he plan(s) to				
13	c(1) Name of plan(s):	13c(2) [EIN(s)		13c(3) P	N(s)
D = =4 \	THE Transfer of the Control of the C					
Part \	/III Trust Information		14h T.	rust's EIN		
14a N	affie of trust		140 11	usi s Ein		
14c	Name of trustee or custodian			Frustee's elephone	or custodia number	an's
Part	IX IRS Compliance Questions					
15a	s the plan a 401(k) plan?		Yes	i	No	
	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and enatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas har	sign- sed safe bor thod	ADP test	
t	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(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):	Raf per tes	centage		rage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinis plan with any other plans under the permissive aggregation rules?		Yes	i	No	
17a ⊦	las the plan been timely amended for all required tax law changes?		Yes	;	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted or tax law changes and codes).	. Enter the a	applicabl	e code _	(See ir	structions
17c II	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype (M&P) or volume submitter plan to the plan sponsor is a pre-approved master and prototype		t to a fav	orable IR	S opinion (or
17d :	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, ente letermination letter	r the date of	the plan	's last fav	orable	
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hande), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl		Yes		No	
19 v	Vere in-service distributions made during the plan year?		Yes		No	
	f "Yes," enter amount		19		_	
20 V	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whet etired), as required under section 401(a)(9)?	her or not	Yes	·	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

			an attachment to Form	5500 or	5500-SF.			
	lar plan year 2015 or fiscal pl		01/01/2015		and endi	ng	12/31/2	015
	off amounts to nearest do					*		
	n: A penalty of \$1,000 will be	assessed for late filing of	of this report unless reas	onable ca	use is establish	ed.		
A Name o					B Three-di	git		
ARNON	N KRONGRAD PENSION	N PLAN			plan num	ber (PN)	•	001
C Plan sno	onsor's name as shown on li	50 22 of Form 5500 or 55	:00 SE		D Emolover	\$ -1 +1 C1		18.43
a op.	011001 B 110111C 00 0110411 011 111	TIC 28 OF 1 OF 11 3300 OF 30	100-3r		Employer	identifica	tion Number (E	IN)
ARNON	KRONGRAD, M.D.,	P.A.			65-094296	53		
E Type of	plan: X Single Multiple	⊶A Multiple-B	F Prior year pl	an size: 🕽	100 or fewer	101-5	00 More th	an 500
Part I	Basic Information					<u> </u>		
	the valuation date:	Month 01	Day 01 Year	2015				
2 · Asset	ls:				=			
a Mai	rket value					2a		1,563,185
	uarial value					2b		1,563,185
	ing target/participant count bi		***************************************	(1)	Number of		ted Funding	(3) Total Funding
					rticipants	-	arget	Target
a For	retired participants and bend	eficiaries receiving payme	ent,		0		q	0
b For	r terminated vested participar	nts			0		q	0
c For	active participants	***************************************	********		3	1	,712,131	1,712,131
d Tot	tal	**************************			3		,712,131	1,712,131
	plan is in at-risk status, chec			.1	П		<u> </u>	
	nding target disregarding pre				L-1	4a		
	nding target reflecting at-risk							
	at-risk status for fewer than fi	ive consecutive years and	d disregarding loading fa	ictor	mave been in	4b		
	tive interest rate					5		6.11%
6 Targe	et normal cost	***************************************				6		0
	by Enrolled Actuary					•	***************************************	
To the bea	st of my knowledge, the information su ce with applicable law and regulations.	ipplied in this schedule and accor . In my opinion, each other assum	npanying schedules, statements option is reasonable (taking into	and attachm	ents, if any, is complexperience of the plan	ete and accu	rate. Each prescribe	ed assumption was applied in
0011101101	ion, offer my best estimate of anticipate	ed experience under the plan.		····				The second secon
SIGN	1	100	,					
HERE	1 / 10	1 A. Usul					09/13/20	16
		ignature of actuary					Date	
Neil A.	Useden						140220	4
		or print name of actuary				Most r	ecent enrollme	nt number
ERISA P	ension Systems	*******		w.n.	_		305-895-4	949
		Firm name			Т	elephone	number (includ	ling area code)
1035 NE	125 Street, Ste	320						
North M	iami FL 3:	3161						
		Address of the firm	1994					
If the actuar	y has not fully reflected any r	egulation or ruling promu	lgated under the statute	in comple	eting this schedu	ıle, check	the box and s	ee []

Pa	art II Begi	nning of Year Carryo	ver and Prefunding Bal	ances						
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior			m prior	(a) Carryover balance (b			(b) Prefunding balance		
~	Portion elected for use to offset prior year's funding requirement (line 35 from			***************************************	7/17/William 19/19/19/19/19/19/19/19/19/19/19/19/19/1	0			23,291	
8		for use to offset prior year's		0		18,981				
9			***************************************			0			4,310	
10		~ 	eturn of <u>2.28</u> %			0	***************************************		98	
11	Prior year's exc	ess contributions to be add	ed to prefunding balance:						***************************************	
			ne 38a from prior year)			.			0	
	Schedule	n the excess, if any, of line SB, using prior year's effec		. 117 # D/WH I/A P			******	0		
			chedule SB, using prior year's a	I		_				
	return C Total available	at beginning of current plan	year to add to prefunding balance				0			
			balance						0	
			····						0	
			ns or deemed elections			0		0		
) + line 10 + line 11d – line 12)	***************************************		0			4,408	
ш		iding Percentages			·					
					***************************************			14	91.04%	
_		g target attainment percent	age es of determining whether carry					15	91.04%	
	current year's fu	unding requirement	***************************************	***************************************				16	95.68%	
			n is less than 70 percent of the f	unding target, enter	such percentage	******		17	%	
		ntributions and Liqui								
18	Contributions m	· · · · · · · · · · · · · · · · · · ·	year by employer(s) and emplo		21					
	IM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid employer(s)		(c) Amount paid by employees			
0.6	6/07/2016	34,20	0 0				<u> </u>			

				1000104-10000		~~~~				
	-##							*		
		,					-			

									···	
		-Average and the second								
				Totals ► 18(b)	t		0 18(c)		0	
19			nstructions for small plan with a		parent.	year:		····		
a Contributions allocated toward unpaid minimum required contributions from prior years									0	
	b Contributions made to avoid restrictions adjusted to valuation date								0	
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date									30,832	
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?										
								- Lange	Yes X No	
			rly installments for the current y		y manner?	 1			Yes No	
	u ii iine 20a is '	res, see instructions and	complete the following table as Liquidity shortfall as of end	· ·	lan year			····		
	(1) 1	st	(2) 2nd	(3)		T		(4) 4th	1	
				1			(4) 401			

Pa	rt V Assumptio	ns Used to Determine	Funding Target and	Γarge	t Normal Cost						
21	Discount rate:										
	a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%				N/A, full yield curve used				
	b Applicable month (enter code)	21b	0							
22	Weighted average ret	tirement age			******************************	22	65				
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Pre	scribed - separate	Substitut	e				
Pa	art 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										
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No				
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instruc	tions regarding required	attachment.					
	If the plan is subject to	o alternative funding rules, ent	er applicable code and see	instruc	tions regarding	27					
Pa	l l	ation of Unpaid Minimu					The state of the s				
28		uired contributions for all prior				28	0				
29	Discounted employer (line 19a)	contributions allocated toward	unpaid minimum required o	contrib	utions from prior years	29	0				
30	Remaining amount of	funpald minimum required cor	tributions (line 28 minus line	e 29)	****************************	30	0				
Pa	rt VIII Minimum	Required Contribution	For Current Year								
31	Target normal cost a	nd excess assets (see instruct	ions):								
·····	a Target normal cost	(line 6)	144	31a	0						
		pplicable, but not greater than		31b							
32	Amortization installme				Outstanding Bala	псе	Installment				
		zation installment]	.53,354	35,015				
		n 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										
34	Total funding requirer	ment before reflecting carryove	er/prefunding balances (lines	s 31a -	31b + 32a + 32b - 33)	34	35,015				
			Carryover balance		Prefunding bala	nce	Total balance				
35	Balances elected for requirement	use to offset funding		O		4,183	4,183				
36	Additional cash requir	rement (line 34 minus line 35)	***************************************			36	30,832				
	Additional cash requirement (line 34 minus line 35) Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)						30,832				
38		ess contributions for current ye				L1	,				
	a Total (excess, if any	y, of line 37 over line 36)	***************************************		***************************************	38a	0				
	b Portion included in	line 38a attributable to use of	38b	C							
39	Unpaid minimum requ	39	0								
40	Unpaid minimum requ	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		***************************************						
42		on adjustment				. 42	<u> </u>				
		celeration amount to be carrie				. 43					

KRONGARDDB

September 13, 2016

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

Arnon Krongrad Pension Plan 65-0942963 / 001 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 -**Discounted Employer Contributions**

Arnon Krongrad Pension Plan 65-0942963 / 001

For the plan year 01/01/2015 through 12/31/2015 **Valuation Date: 01/01/2015**

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Applied Carryover Or Prefunding Bal PFB Applied to MRC	09/15/2016 01/01/2015	\$4,628 4,628	4,183	0	0	6.11	0
Totals for Applied Carryover or Prefunding Bal	ance	\$4,628	\$4,183	\$0	\$0		
Deposited Contribution	06/07/2016	\$34,200					
Applied to MRC	01/01/2015	15,912	14,617	0	0	6.11	0
Applied to Quarterly Contribution	04/15/2015	4,572	3,984	0	4,572	6.11	11.11
Applied to Quarterly Contribution	07/15/2015	4,572	4,030	0	4,572	6.11	11.11
Applied to Quarterly Contribution	10/15/2015	4,572	4,077	0	4,572	6.11	11.11
Applied to Quarterly Contribution	01/15/2016	4,572	4,124	0	4,572	6.11	11.11
Totals for Deposited Contribution		\$34,200	\$30,832	\$0	\$18,288		

Schedule SB, Part V Summary of Plan Provisions

Arnon Krongrad Pension Plan 65-0942963 / 001

For the plan year 01/01/2015 through 12/31/2015

Employer: Arnon Krongrad, M.D., P.A.

Type of Entity - S-Corporation

EIN: 65-0942963 TIN: 20-3907484 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2005 Year end - 12/31/2015 Valuation - 01/01/2015

Top Heavy Years - 2005, 2006, 2007, 2008, 2010, 2011, 2012, 2013, 2014, 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - Anniversary date nearest eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 01/01/2011

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Arnon Krongrad Pension Plan 65-0942963 / 001

For the plan year 01/01/2015 through 12/31/2015

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.29
Segment 2	6 - 20	3.81
Segment 3	> 20	4.88

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, line 32 - Schedule of Amortization Bases

Arnon Krongrad Pension Plan 65-0942963 / 001

For the plan year 01/01/2015 through 12/31/2015

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2011	161,690	Shortfall	74,907	3	26,129
	01/01/2012	-128,238	Shortfall	-81,349	4	-21,765
	01/01/2013	118,941	Shortfall	90,697	5	19,850
	01/01/2014	-35,404	Shortfall	-31,477	6	-5,925
	01/01/2015	100,576	Shortfall	100,576	7	16,726
Totals:				\$153,354		\$35,015