Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	O	/IB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Pla		-	2	015
Department of Labor Employee Benefits Security Administrativ	Income Security Act of 1974		6057(b) and 6058(a) of the		This For	m is Open to Inspection
Pension Benefit Guaranty Corporatio	Complete all entries in		nstructions to the Form 55	500-SF.		
Part IAnnual RepoFor calendar plan year 2015 or	rt Identification Information		and ending 12	2/31/2015		
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) g employer information in ac	(Filers check	-	
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 me	onths)		
<b>C</b> Check box if filing under:	X Form 5558	automatic extensi	on		FVC program	n
Part II Basic Plan In	formation—enter all requested in					
<b>1a</b> Name of plan EDMUND KESSLER, MD, PLL				1b Three- plan no (PN) 1c Effection	umber	002
_					01/01/2	2010
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P. ince, country, and ZIP or foreign pos		instructions)	(EIN)	11-341	
EDMUND KESSLER, MD, PLLC		2c Sponsor's telephone 516-498-90 2d Business code (see i				9000
1000 NORTHERN BOULEVARE SUITE 250	0			20 Busine	ess code (se 621111	,
<b>3a</b> Plan administrator's name	and address XSame as Plan Spor	ISOR		<b>3b</b> Admini	istrator's EIN	J
				3c Admini	istrator's tele	ephone number
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN		
	number from the last return/report.			<b>4c</b> PN		
5a Total number of participar	nts at the beginning of the plan year.			5a		2
	nts at the end of the plan year			5b		1
	th account balances as of the end of			5c		
	participants at the beginning of the p			5d(1)		1
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)		1
than 100% vested	hat terminated employment during th			5e		0
Under penalties of perjury and	te or incomplete filing of this return other penalties set forth in the instru- d and signed by an enrolled actuary, proplete.	ictions, I declare that I h	ave examined this return/rep	oort, including	g, if applicab	
	ed/valid electronic signature.	10/10/2016	EDMUND KESSLER			
HERE Signature of plan	n administrator	Date	Enter name of individu	ual signing as	s plan admin	istrator
SIGN HERE Signature of emi	ployer/plan sponsor	Date	Enter name of individu	ial signing or	amployora	r nlan snonsor
	n name, if applicable) and address (i			Preparer's t		
For Paperwork Reduction Act No	otice and OMB Control Numbers, see ti	ne instructions for Form f	500-SF		Fo	rm 5500-SF (2015)

<b>'</b> a	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	surance proc	ram (see ERISA section 4021)?	Yes XNo Not determine
	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2144953	2396214
)	Total plan liabilities	7b	0	0
	Net plan assets (subtract line 7b from line 7a)	7c	2144953	2396214
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
1	Contributions received or receivable from: (1) Employers	8a(1)	500000	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
	Other income (loss)	8b	5560	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		505560
1	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	242634	
•	Certain deemed and/or corrective distributions (see instructions)	8e	0	
	Administrative service providers (salaries, fees, commissions)	8f	11665	
	Other expenses	8g	0	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		254299
	Net income (loss) (subtract line 8h from line 8c)	8i		251261
	Transfers to (from) the plan (see instructions)	8j	0	
aı	rt IV Plan Characteristics			
			s from the List of Plan Characteristic C	adaa in tha instructional

10	buing the plan year.		100				Amount	
а	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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	10b		х				
С	Was the plan covered by a fidelity bond?	10c	X				23	396214
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
е	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.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
j	Did the plan trust incur unrelated business taxable income?	10j						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at 5500) and line 11a below)						X Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	)	<u>.</u>		11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code	e or se	ction 3	302 of E	RISA?	Yes	X No

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Page **3** - 1

					1					
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
b	Ente	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h	<b>b</b> . We reall the plan expects distributed to participants or her officiaries transformed to expecte plan, or brought under the expected									
	of the PBGC?									
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.)										
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part VIII Trust Information										
14a	Part VIII     Prost Information       14a Name of trust     14b Trust's EIN									
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's			
Par	t IX	IRS Compliance Questions								
15a	ls th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADI tes	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///////	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placed sory letter, enter the date of that favorable letter / and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	s	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Ye	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w ad), as required under section 401(a)(9)?		Y	es	No	N/A			

	SCH			Single-Em	volar	ver Define	d Ben	nefit	t Plan			OMB	No. 1210-01	10
		orm 5500)				rial Inform							2015	
		rtment of the Treasury nal Revenue Service											2015	
	De	epartment of Labor enefits Security Administration	tion	This schedule is req Retirement Income S	Security	Act of 1974 (ERI	SA) and s	sectio			т	his Form	is Open to	o Public
		enefit Guaranty Corporatio				Revenue Code (th	,						spection	
For	calendar	plan year 2015 or f	iscal plan		an atta 1/01/20	chment to Form	5500 or	5500-	SF. and end		31/20	15		
		ff amounts to near			1/01/20	/15			and end	iiriy 12/	31/20	10		
				ssessed for late filing c	of this re	eport unless reas	onable ca	ause is	s establish	ned.				
	Name of p							в	Three-di	git				
ED	MUND K	ESSLER, MD, PLLO	C DEFINE	ED BENEFIT PLAN					plan nun	nber (PN)		•	002	
C	Plan spon	sor's name as show	n on line	2a of Form 5500 or 55	00-SF			D	Employer	Identifica	ation I	Number (I	EIN)	
ED	MUND K	ESSLER, MD, PLL	C							11-341	4897			
E 1	Type of pla		Multiple-A	Multiple-B		F Prior year pla	n oizo: 🔽	100	or fewer	□ 101-{	-00	Moro #	han 500	
							an size. 🗡	100	or rewer	101-3	500	wore u	ian 500	
<u>Р</u> а 1		Basic Information	ion	Month 01		01	2015							
2	Assets:	ne valuation date:		Month [	Day	01 Year _	2015	_						
-										2a				2135175
	<b>b</b> Actua	arial value								2b				2135175
3		g target/participant c					· · ·	Numb				unding		al Funding
	<b>3</b> Eor r	atirad participanta a	ad banafi		t		pai	rticipa	nts		Targe	t 0		arget
	_			ciaries receiving payme					1			89566		0
		•	•						1			1402748		89566 1402748
									2			1492314		1492314
4				he box and complete li			1	Π	-			1102011		1402014
-				ribed at-risk assumption						4a				
	_	0 0 0	0.	sumptions, but disrega						4b				
_	at-	risk status for fewer	than five	consecutive years and	d disreg	arding loading fa	ctor				-			
5 6	_									5				5.46% 265880
-	0	y Enrolled Actuary								0				203000
	To the best of accordance	of my knowledge, the inform	mation suppl gulations. In	lied in this schedule and accon my opinion, each other assum experience under the plan.										
												10/00/0	016	
Γ	IERE	1	Sice	nature of actuary				_				10/02/2 Date	סוט	
DA	NIFL LISS	S, EA, MSPA	Olgi	lature of actuary								14-073	95	
		,,	Type or	print name of actuary						Most	recen		ent number	
EC	ONOMIC	GROUP PENSION	SERVICE	ES INC								212-49	4-9000	
		TH AVENUE, 3RD F NY 10001	LOOR	Firm name					Т	elephone	e num	ber (inclu	ding area c	code)
			Ac	dress of the firm				_						
		has not fully reflecte	d any reg	julation or ruling promu	Igated u	under the statute	in comple	eting t	his sched	ule, chec	k the	box and s	see	
	uctions Panerwoi	rk Reduction Act N	otice and	d OMB Control Numb	ers se	e the instruction	is for For	rm 55	00 or 550	0-SF		Schedu	le SB (For	m 5500) 2015
	apo: 00		51.55 an		,							Consul		v. 150123

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances							
							<b>(a)</b> C	arryover balance		(b) F	Prefundir	ng balan	ice
7		0	0 1 2		cable adjustments (line 13 f				0				0
8					unding requirement (line 35				0				0
9	Amoun	it remaini	ng (line 7 minus lir	ne 8)					0				0
10	Interes	t on line s	9 using prior year's	s actual ret	urn of <u>4.65</u> %				0				0
11	Prior ye	ear's exc	ess contributions t	o be addec	to prefunding balance:								
	<b>a</b> Pres	ent value	of excess contrib	utions (line	38a from prior year)								226989
					Ba over line 38b from prior y re interest rate of <u>5.83</u> %								10000
	<b>b(2)</b> II	nterest or	n line 38b from prio	or year Sch	nedule SB, using prior year's	s actual							13233
													0
					ear to add to prefunding balar							:	240222
	<b>d</b> Port	ion of (c)	to be added to pre	efunding ba	llance								0
12	Other r	eduction	s in balances due	to elections	s or deemed elections				0				0
13	Balanc	e at begi	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12	)			0				0
P	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	attainment percent	age							14	143	3.07 %
15	Adjuste	ed fundin	g target attainmen	t percentag	je						15	14:	3.07 %
16					of determining whether car						16	147	7.57 %
17	If the c	urrent va	lue of the assets o	f the plan is	s less than 70 percent of the	e funding targ	et, enter s	uch percentage			17		%
P	art IV	Cor	tributions and	d Liquid	ity Shortfalls								
18	Contrib	outions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:							
(№	<b>(a)</b> Da 1M-DD-ነ		(b) Amount pa employer		(c) Amount paid by employees	<b>(a)</b> Da (MM-DD-)		(b) Amount pa employer(		(0	<b>c)</b> Amour emplo		у
06	6/13/201	6		150000	0								
09	9/13/201	6		200000	0								
09	9/14/201	6		150000	0								
-						Totals ►	18(b)		500000	18(c)			0
19	Discou	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation da	ate after th	e beginning of the	year:				
	a Cont	tributions	allocated toward	unpaid min	imum required contributions	s from prior ye	ars		19a				0
	<b>b</b> Cont	ributions	made to avoid res	strictions ac	ljusted to valuation date				19b				0
	C Cont	ributions	allocated toward mi	inimum requ	uired contribution for current y	ear adjusted t	o valuation	date	19c				458591
20	Quarte	rly contril	outions and liquidit	ty shortfalls									
	a Did t	the plan h	nave a "funding sh	ortfall" for t	he prior year?							Yes	X No
	<b>b</b> If lin	e 20a is "	Yes," were require	ed quarterly	installments for the current	t year made ir	n a timely r	manner?				Yes	No
	C If line	e 20a is "	Yes," see instructi	ons and co	mplete the following table a								
		(1) 1	ot		Liquidity shortfall as of e	nd of quarter			1		(1) 14-		
		(1) 1	51		(2) 2nd		(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	t Normal Cost			
21	Disco	ount rate:							
	<b>a</b> Se	egment rates:	1st segment: 4.72 %	2nd segment: 6.11 %		3rd segment: 6.81 %		N/A, full yield curve used	
	<b>b</b> Ap	plicable month (	enter code)				21b	0	
22	Weig	hted average ret	tirement age				22	72	
23		ality table(s) (see		escribed - combined		scribed - separate	Substitu	te	
Ра	rt VI	Miscellane	ous Items						
24			nade in the non-prescribed act	uarial assumptions for the cu	urrent	plan year? If "Yes," see	instructions		
25								<u> </u>	
25 26		-	e been made for the current place o provide a Schedule of Active	-				<u> </u>	
27			o alternative funding rules, ent						
						0 0	27		
	rt VII		ation of Unpaid Minimu	•					
28			uired contributions for all prior				28	0	
29	29       Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)								
30									
Ра	Part VIII Minimum Required Contribution For Current Year								
31	1 Target normal cost and excess assets (see instructions):								
	<b>a</b> Target normal cost (line 6)								
	<b>b</b> Exc	cess assets, if ap	oplicable, but not greater than	line 31a			31b	265880	
32	Amor	tization installme	ents:			Outstanding Bala	nce	Installment	
	<b>a</b> Net	t shortfall amortiz	zation installment				0	0	
	<b>b</b> Wa	aiver amortization	n installment				0	0	
33	lf a w (Moni		approved for this plan year, en Day Year	ter the date of the ruling lette ) and the waived amo	-		33	0	
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0	
				Carryover balance		Prefunding balar	nce	Total balance	
35			use to offset funding		0		0	0	
36	Addit	ional cash requii	rement (line 34 minus line 35).				36	0	
37			ed toward minimum required co	•	•		37	458591	
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)					
	<b>a</b> Tot	al (excess, if any	y, of line 37 over line 36)				38a	458591	
	<b>b</b> Por	rtion included in	line 38a attributable to use of	prefunding and funding stand	dard c	arryover balances	38b	0	
39	Unpa	id minimum requ	uired contribution for current ye	ear (excess, if any, of line 36	over	ine 37)	39	0	
40	Unpa	id minimum requ	uired contributions for all years				40	0	
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of	2010	(See Instructions)			
41	lf an e	election was mad	de to use PRA 2010 funding re	lief for this plan:					
	<b>a</b> Sch	nedule elected			<u>.</u>		······	2 plus 7 years 15 years	
	<b>b</b> Elig	gible plan year(s	) for which the election in line	41a was made			200	8 2009 2010 2011	
42	Amou	int of acceleratio	n adjustment				42		
43	Excess installment acceleration amount to be carried over to future plan years								

Form 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	/ee		OMB Nos. 1210-0 1210-0	
Dopartmont of the Tronsury Internal Revenue Service	This form is required to be file		and 4065 of the Employed	e	2	015	-
Department of Labor Employee Benefite Security Administration	Retirement Income Security Act of the Intern	of 1974 (ERISA), and s nai Revenue Code (the		(a) of		s Open to Public spection	¢
Pension Benefit Guaranty Corporation	► Complete all entries in accor	dance with the instru	ctions to the Form 5500	)-\$F.			
For calendar plan year 2015 or fisca	dentification Information	01/01/2015	and ending	12	/31/2015		
	X a single-employer plan		eng engrennig dan (not multiemployer) (i			must attach	
A This return/report is for:	a one-participant plan	a list of participating of a foreign plan	amployer information in a				
<b>B</b> This return/report is:	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 m	onths)	r.		
C Check box if filing under:	X Form 5558	automatic extension n)		Γ	DFVC progra	m '	
Part Basic Plan Infor	mation enter all requested info	rmation					
1a Name of plan Edmund Kessler, MD,	PLLC Defined Bonefit Pla				Three-digit plan number (PN) ►	002	
2 (194) - 0126 					Effective date of 01/01/2010	plan	
2a Plan sponsor's name (employe Mailing Address (include room	ent., suite no, and street or P.O. Bo	x) ade (if foreign, see bat	ructions)		Employer Identi (EIN) 11-34	ication Number	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) City or town, state or province, country, and ZIP or foreign postal co						- 1 - M.	
1000 Northern Boulevard     2d Business code (see instruction 621111       Suffee 250     62111					see instructions)		
US Great Neck NY 11021	address X Same as Plan Sponso	M		26	Administrator's I		
		n reality				elephone number	
ú ar k					(4)(10)		
game, EIN, and the plan numb	blan sponsor has changed since the l per from the last return/report.	ast return/report filed f	or this plan, enter the	4be			
a Spohaor's name				40	<u>PN</u>	2	
	the beginning of the plan year the end of the plan year			<u>5a</u> 5b		<u> </u>	
C Number of participants with ac	count balances as of the end of the r	olan year (defined bena	efit plans do not	5c			
지 말한 이 만난 같은 것이 있는 것이 같이 있다.	ipants at the beginning of the plan ye		**********	5d(1	)	<b>1</b> i.	
d(2) Total number of active partic	ipants at the end of the plan year	******	*****	5d(2	2)	1	
Number of participants that ter	minated employment during the plan	year with accrued ber		5e	· · · · · ·	0 0	
Caution: A penalty for the late of	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	se is o	stabilshed.		
Urider penalties of perjury and othe SB or Schedule MB completed and bellef, it is true, correct, and completed	er penalties set forth in the instruction I signed by an enrolled actuary, as w ofe.	ns, I declare that I have ell as the electronic ve	examined this return/rep rsion of this return/report,	ort, inc , and to	luding, if applica the best of my	able, a Schedule knowledge and	
sicn the	d	10 10 2016	EDMUND KESSLER			1. 1.	
HERE Signature of plan adam	⊅ istrator	Date	Enter name of individua	l sianin	g as plan admir	istrator	
	-dv ·	10/10/1016	EDMUND KESSLER		<u> </u>		
HERE Signature of employer/p	olan sponsor	Date	Enter name of Individua	l sianin	g as emplover o	r plan sponsor	
	me, If applicable) and addreas; includ				rer'a telephone		
(1) 301 (1) 301							
For Paperwork Reduction Act No	otice and OMB Control Numbers, s	ee the instructions fo	or Form 5500-SF.		Fc	rm 5500-SF (201 v.1501	
·····································							

.....

-									
		<b>D</b>							·.
Form 5500-SF 2015		Page 2			·	<b></b>			
6a Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)				*****	******	X Yes	<u>No</u>
b Are you claiming a waiver of the annual examination and report of a	n independ	ent qualified public accou	ntant	(IQP/	A)			X Yes	
under 29 CFR 2520.104-46? (See Instructions on walver eligibility an if you answered "No" to either line 6a or line 6b, the plan canno	nd conditio t use Form	ns.) n 5500-SF and must inat	ead (	use Fo	orm !	500.			
c If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pre	ogram (see ERISA section	402	1)?		🗌 Yes	X No	Not d	etermined
Partille Financial Information									, dis
7 Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End o	f Year	.1
ra. Total plan assets	7a	2,14	4,9	53				2,396	214
b Total plan liabilities	7b			0	_				-0.
C. Net plan assets (subtract line 7b from line 7a)	7c	2,14	4,9	53			/b) <b>T</b> /	2,396	,214
3. Contributions received or receivable from:		(a) Amount			1.66		(b) T( () (b) (b) (b) (b) (b) (b) (b) (b) (b) (		
	8a(1)	50	0,0						
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)		5,5	0					
b Other income (loss)	8b 8c		o,o 幽思絶	した 学校学校				505	,560
C. Total income (add lines 8e(1), 8e(2), 8a(3), and 8b)			anninasi						
to provide benefits)	8d	24	2,6	34 0	6	ting of the			
e Certain deemed and/or corrective distributions (see instructions)	8e	1	1,6	-	27.8% 114.0%				
f Administrative service providers (salaries, fees, commissions)	8f 8g			0					
g Other expenses	8h				i i		and the first of the second	254	,299
1 at Net income (loss) (subtract line 8h from line 8c)	81					-		251	,261
Transfers to (from) the plan (see Instructions)	aj			0			机石油土		即時期起去
Part V Plan Characteristics			_			••••			<u> </u>
9a of the plan provides pension benefits, enter the applicable pension for	aturo code	as from the List of Plan Ch	arac	eristic	Cod	es in thé	instructio	ris;	*
14 1A 3B 3D					· · · · · · · ·				eya. L
b If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	s from the List of Plan Cha	racte	ristic (	Code	s in the i	nstruction	s;	· · · ·
Party Compliance Questions	A								<u> </u>
1.0 During the plan year:	<u></u>			Yes	No	IN/A		Amount	
West there a failure to transmit to the plan any participant contribut	ions within	the time period							
described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	luciary Correction							<u></u> .
b 3 Were there any nonexempt transactions with any party-in-interest	**************	***********	10a		X				ر
reported on line 10a.)			10b		X			ň.	*, ·····
C Was the plan covered by a fidelity bond?		***************************************	10c	х				2,3	967214
d Did the plan have a loss, whether or not reimbursed by the plan's			10d		x				
e by Were any fees or commissions paid to any brokers, agents, or oth			100						
catrier, insurance service, or other organization that provides som	e or all of t	he benefits under							
the plan? (See instructions.)			100		X				
$\frac{1}{2}$ $\frac{1}{2}$ Has the plan failed to provide any benefit when due under the plan			10f		<u>x</u>			······	
g, Did the plan have any participant loans? (If "Yes," enter amount as			10g		X	Sis nugar	DENING HURBORN	And a state of the st	ASSINGUEN AND ADDRESS
high this is an individual account plan, was there a blackout period? ( 2520,101-3,)						一、約、服務の別等	经 化 是 作		
			10h				it is dise		NESKATANA INANA INANA INANA
a second s			10h		<b></b>				
L. IP10h was answered "Yes," check the box if you either provided the second se	e required	notice or one of the	10h 10l						
1710h was answered "Yes," check the box if you either provided th	e required	notice or one of the	101						
P10h was answered "Yes," check the box if you either provided the sexceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the							
1. 10h was answered "Yes," check the box if you either provided the socceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust inour unrolated business taxable income?	e required	notice or one of the	10  10j	Diete S	icher		Form		
P10h was answered "Yes," check the box if you either provided the sexceptions to providing the notice applied under 29 CFR 2520.101	e roquired	notice or one of the	10  10j com;						s No.
10 was answered "Yes," check the box if you either provided the socceptions to providing the notice applied under 29 CFR 2520.101     10 the plan trust inour unrolated business taxable income?     11 Pension Funding Compliance	ercquired	rotice or one of the	10  10j com;		*******				<u> </u>
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101     Old the plan trust inour unrelated business taxable income?     If this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	e required	rotice or one of the /es," see instructions and o /le SB (Form 5500) line 40	10  10j comp	*******	******	11a			s No 

and a standard a standa Standard a standard a st					ا الإر 
Page 3-	Ì				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	I				۸.
.a. If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	Instructions, and Nonth	nd enter th Day	e date of th Yea		uling_
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				-19-17, ,e -1
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		<u>12c</u>		1	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the mount) and a subtract the amount) and a subtract the amount in line 12c from the amount in line 12b.	<u>a kozu bezzad ki ki bi fan nina 8.5</u>	12d			1991
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌	No	<u> </u>
Plan Terminations and Transfers of Assets	<b>.</b>				
13a"." Has a resolution to terminate the plan been adopted in any plan year?	*********************		os 🗶 Na		<u>, at i i</u>
<ul> <li>B. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro</li> </ul>	udht under the	- 13a	<b>.</b>		ан н дэлжи <sup>н</sup> ан
	************			] Yes [	X No
C if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden Which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to			
13¢(1) Name of plan(s):	1	3c(2) EIN(	5)	13c(3)	PN(s)
					***
					en e
Trust Information					
14a Name of trust		14b Tr	ust's ElN		obja
				, İ.,	40 P-
14c Name of trustee or custodian			ustee or cu hone numb		
Ren IX IRS Compliance Questions			·····		
15a.is the plan a 401(k) plan:		1			
	***************************************	Yes	ign-	No	
15b If Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals at matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	• •		od safe	] ADP/A test	VCP
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 1.4 (2(a)(2)(ii))?	01(m)-	T Yes	С	] No	
16a. Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	• •	Rati Perc	entage L	] Averaç Benefi	
16b Boes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con withis plan with any other plans under the permissive aggregation rules?	nbining	Yes		No	
17a Has the Plan been timely amended for all required law changes?		Yes		] No <sup>/</sup>	1. N/A
17.b. Date of the last plan amendment/restatement for the required tax law changes was adopted//		he applicat	e code _	(See	"ж,
.170 If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan to add the letter's solid put and the letter's so	mbar				<u></u>
TAG If the plan is an individually-designed plan and recleved a favorable determination letter from IRS, pleas	e enter the da	e of plan's	lasi favora	blæ	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) miade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	🗌 Yos		No	and the second s
19 Were In-service distributions made during the plan year?	********	Yes		No	
Thyes, enter amount	***5400099688884446555;4+*	19			<u></u>
20 <sup>1</sup> Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of who have att	ether or			No	
enter de la constance de la con la constance de la constance de la constance de la constance de					
<ul> <li>A Market And Market Science</li> <li>A Market Science</li> <li>A Market Science</li> <li>A Market Science</li> </ul>				,	9899 1-21
					тр. Аль . н.
				,	

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

Edmund Kessler, MD, PLLC Defined Benefit Plan 11-3414897 / 002 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**

Edmund Kessler, MD, PLLC Defined Benefit Plan

11-3414897 / 002

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
Deposited Contribution	06/15/2016	\$150,000					
Applied to Additional Contribution	01/01/2015	150,000	138,846	0	0	5.46	0
Deposited Contribution	09/13/2016	\$200,000					
Applied to Additional Contribution	01/01/2015	200,000	182,723	0	0	5.46	0
Deposited Contribution	09/14/2016	\$150,000					
Applied to Additional Contribution	01/01/2015	150,000	137,022	0	0	5.46	0
Totals for Deposited Contribution		\$500,000	\$458,591	\$0	\$0		

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

### Edmund Kessler, MD, PLLC Defined Benefit Plan

11-3414897 / 002

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

Employer: Type of Entity -	Edmund Kessler, MD, PLLC Limited Liability Company (LLC) taxed as Sole Proprietor
	EIN: 11-3414897 TIN: Plan #: 002 Plan Type: Defined Benefit
<u>Dates:</u>	Effective - 01/01/2010 Year end - 12/31/2015 Valuation - 01/01/2015 Top Heavy Years - 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 - 0 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
	Anniversary date nearest attainment of age 65 and completion of 5 years of participation Not provided
Average Compensation:	Highest 3 consecutive years of participation
	Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement -	Derived from the unit credit benefit formula below:
	10% of average monthly compensation per year of service after 01/01/2009 beginning year 1 limited to 10 year(s)
Accrued Benefit -	Unit credit based on service. Service prior to 01/01/2009 is excluded
	Minimum Benefit - None
	Maximum Benefit - None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum
Death Benefit -	Present Value of Accrued Benefit
Top Heavy Minimum:	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years
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%, 66.67%, 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 except years prior to plan effective date

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on Actuarial Equivalence only

## Schedule SB, Part V Summary of Plan Provisions

Edmund Kessler, MD, PLLC Defined Benefit Plan

11-3414897 / 002

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

#### Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

	SCH	EDULE SB	Single-Er	nplove	r Define	d Ber	nefit Plan		0	MB No. 1210-0110		
		orm 5500)	•	•	al Inform							
	•	ment of the Treasury		.oruan			•			2015		
Internal Revenue Service This schedule is required to be filed under section 104												
Department of Labor         Retirement Income Security Act of 1974 (ERISA) and           Employee Benefits Security Administration         Internal Revenue Code (the Code)							ection 6059 of the		This Fo	rm is Open to Public Inspection		
Pension Benefit Guaranty Corporation File as an attachment to Form 5500 or 5500-SF.									mapeetion			
Fo	r calendar	plan year 2015 or fiscal p			/2015		and ending	12/	31/201	5		
►	Round of	f amounts to nearest do	illar.									
-			e assessed for late filing o	of this report	unless reaso	nable cau	_					
	Name of p		ofinal Danafit D'	1			B Three-digit	5				
Eai	luna ke	SSIER, MD, PLLC L	Defined Benefit Pi	lan			plan numbe		•	002		
C	Plan snon	sor's name as shown on li	ine 2a of Form 5500 or 55	00-SE			D Employer Ide	otificatio	on Numbe	ar (EIN)		
		ssler, MD, PLLC		00-01				-3414				
ECI		SSIEL, MD, FILLC					11	- 3 4 1 4	097			
Е	Type of pla	an: 🗴 Single 🗌 Multiple	e-A 🗌 Multiple-B	F	Prior year pl	an size: 🗴	100 or fewer	101-50	00 🗌 M	lore than 500		
P	art I	Basic Information										
1	Enter th	e valuation date:	Month <u>01</u>	Day <u>01</u>	Year	2015	_					
2	Assets:						Г	_		0 125 185		
			••••••					2a 2b		2,135,175		
2				•••••						2,135,175		
3	Funding	) target/participant count b	reakdown:		(1) Numb particip		(2) Vested Targ		1	(3) Total Funding Target		
	<b>a</b> For re	tired participants and ben	eficiaries receiving payme	ent		0			0	0		
	<b>b</b> For te	rminated vested participa	nts	••••		1		89,566				
	<b>C</b> For a	ctive participants	••••••	••••		1		1,402,748 1,40				
						2	<sup>1</sup>	,492	,314	1,492,314		
4			ck the box and complete li	. ,	. ,		Г	4.				
			escribed at-risk assumptio				-	4a				
			five consecutive years and					4b				
5	Effective	e interest rate	•••••	•••••	•••••	•••••	•••••	5		5.46 %		
6	Target r	normal cost	••••••	•••••	•••••	• • • • • • • • • •	•••••	6		265,880		
To ac	the best of m cordance with		plied in this schedule and accompany n my opinion, each other assumpti l experience under the plan.									
	SIGN HERE	Dan	· Lins					:	10/02/2	2016		
			Signature of actuary						Dat	е		
Daniel Liss, EA, MSPA						14-07395						
Type or print name of actuary						Most recent enrollment number						
Economic Group Pension Services Inc						(212) 494-9000						
		333 Seventh Ave	Firm name nue, 3rd Floor				i ele	phone	number (i	ncluding area code)		
_	US	New York	NY 10001									
			Address of the firm									
	e actuary l ructions	nas not fully reflected any	regulation or ruling promu	ulgated unde	er the statute	in comple	eting this schedule,	check	the box a	nd see		
For	Paperwor	k Reduction Act Notice	and OMB Control Numb	ers, see the	e instruction	s for For	m 5500 or 5500-S	F	Sche	edule SB (Form 5500) 2015 v. 150123		

Page	2	

Pa	rt II	Beginning of Year	Carryov	er and Prefunding Bal	ances						
				<del>_</del>		(a)	Carryover balance		(b)	Prefund	ing balance
7				icable adjustments (line 13 fro				0			С
8				unding requirement (line 35 fr				-			
								0			0
9								0			C
10				turn of <u>4.65</u> %	••••			0			
11	Prior ye	ar's excess contributions	to be adde	d to prefunding balance:							
	a Pres	ent value of excess contri	butions (lin	e 38a from prior year)	•••••						226,989
	• •			8a over line 38b from prior yea ve interest rate of 5.83							13,233
	<b>b(2)</b> Ir	nterest on line 38b from pr	ior vear Sc	hedule SB, using prior year's a	actual						
	• •	•									C
	<b>C</b> Tota	I available at beginning of	current pla	in year to add to prefunding ba	alance .						240,222
	<b>d</b> Porti	on of (c) to be added to p	refunding b	alance	•••••						C
12	Other re	eductions in balances due	to election	s or deemed elections	•••••			0			c
13	Balance	e at beginning of current y	ear (line 9 ·	+ line 10 + line 11d - line 12) .	•••••			0			C
Pa	art III	Funding Percent	ages								
14	Funding		-				• • • • • • • • • • • • • • • • • • • •			14	143.07 %
-				ge						15	143.07 %
	Prior ye	ar's funding percentage for	or purposes	of determining whether carry	over/prefu	unding bala	nces may be used	to redu	ice	16	
17				is less than 70 percent of the f						17	<u>147.57 %</u> %
				· · · ·	unung ta	iget, enter	such percentage	••••	•••••	17	70
	Contribu	Contributions ar	•	vear by employer(s) and employer	20000						
	(a) Date M-DD-Y	e (b) Amount p	aid by	(c) Amount paid by employees	(a	) Date D-YYYY)	(b) Amount employe		/		ount paid by loyees
	/13/20	, , , , ,	50,000	0	(	,					,
09,	/13/20	16 2	200,000	0							
09,	/14/20	16 1	50,000	0							
		•			Totals	► 18(b)		500,	000 18(c	)	0
19	Discour	nted employer contributior	ns see ins	structions for small plan with a	valuation	date after t	the beginning of th				
	a Cont	ributions allocated toward	unpaid mir	nimum required contributions f	rom prior	years		19a			(
	<b>b</b> Cont	ributions made to avoid re	estrictions a	djusted to valuation date				19b			C
	C Cont	ributions allocated toward	minimum r	equired contribution for currer	nt year ad	justed to va	Iluation date	19c			458,591
20		ly contributions and liquid									
	a Did t	he plan have a "funding sl	hortfall" for	the prior year?	•••••	• • • • • • • • • • • •		•••••		[	Yes X No
		·		y installments for the current y				•••••	•••••	[	Yes No
	<b>C</b> If line	e 20a is "Yes," see instruc	tions and c	omplete the following table as	applicabl	e:					
				Liquidity shortfall as of end			n year				
		(1) 1st		(2) 2nd		(3)	3rd			(4) 41	h
								1			

Page 3

Pa	Int V Assumptions Used To Determine Funding Target and Target Normal Cost								
21	Disco	ount rate:							
	<b>a</b> Se	egment rates:	1st segment: <b>4.72</b> %	2nd segment: 6.11 %	3rd segment: <b>6.81</b> %		N/A, full yield curve used		
	h Ar	onlicable month				21b	0		
22				· · · · · · · · · · · · · · · · · · ·		215	72		
23									
Pa	rt VI	Miscellane							
24		0	•	uarial assumptions for the current			0 0 1		
				••••••					
		-		an year? If "Yes," see instructions					
26			•	Participants? If "Yes," see instruct		attachment	t • • • • • • • • • • • • • • • • • • •		
27			•	er applicable code and see instruc		27			
_				<b></b>					
	rt VII		•	Im Required Contribution					
28				years		28	0		
29				unpaid minimum required contrib		29	0		
30				ntributions (line 28 minus line 29)		30	0		
Pa	rt VII	I Minimum	<b>Required Contribution</b>	For Current Year					
31			nd excess assets (see instructi						
• •				· · · · · · · · · · · · · · · · · · ·		31a	265,880		
		-		line 31a		31b	265,880		
32		rtization installm			Outstanding Bala	nce	Installment		
						0	0		
	<b>b</b> Wa	aiver amortizatio	n installment			0	0		
				ter the date of the ruling letter grar	ting the approval				
				) and the waived amount .		33	0		
34	Total			/prefunding balances (lines 31a - 3		34	0		
		<u> </u>		Carryover balance	Prefunding Bala	nce	Total balance		
35	Balar	aces elected for	use to offset funding						
00				0		0	0		
36	Addit	ional cash requi	rement (line 34 minus line 35)			36	0		
37			•	ontribution for current year adjusted		37			
	(line			•••••	•••••		458,591		
			ess contributions for current ye	, , ,		38a			
		•	• /	•••••		38b	458,591		
			•	prefunding and funding standard ca		39	0		
39		•		ear (excess, if any, of line 36 over l	,	40	0		
40			uired contributions for all years				0		
	rt IX		-	Pension Relief Act of 2010	(See instructions	)			
			de to use PRA 2010 funding re	•					
				•••••		· · · · L	2 plus 7 years 15 years		
			•	41a was made			08 2009 2010 2011		
				••••••		42			
43	Exces	s installment ac	celeration amount to be carried	d over to future plan years		43			

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

### Edmund Kessler, MD, PLLC Defined Benefit Plan

11-3414897 / 002

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

Valuation Date:	01/01/2015						
Funding Method:	As prescribed in IRC	Section 43	0				
	- Eligibility age at nea	rest birthday	/ and other a	ges at nearest birt	hday		
	New participants are	included in	current year	's valuation			
Prospective Compensation	- Highest 3 consecutiv	ve years of p	participation				
Form of Payment	- Assumed form of pa the greater of the pro- Applicable Mortality equivalence discour exceed 415 maximu the Applicable Morta Minimum	esent value Table or lun ted using a m allowable	of accrued b np sum at the opropriate se distribution,	enefit computed us assumed retirem gment rate. Lump which is the lesse	sing funding s ent date of ac sum on plan a r amount com	egment rates and 4 crued benefit using actuarial equivalend puted using a) 5.59	417(e) g plan actua ce rates will % interest a
Interest Rates	Segment rates for th permitted under IRC		Segment rates as permitted under IF HATFA		ptember 30, 2014 As D(h)(2)(C)(iv)(II) -		
	Segment #	Year	Rate %	Segment #	Year	Rate %	
	Segment 1	0 - 5	1.22	Segment 1	0 - 5	4.72	
	Segment 2	6 - 20	4.11	Segment 2	6 - 20	6.11	
	Segment 3	> 20	5.20	Segment 3	> 20	6.81	
Pre-Retirement -	Mortality Table -	None					
	Turnover/Disability -	None					
	Salary Scale -	None					
	Expense Load -	None					
	Ancillary Ben Load -	None					
Post-Retirement -	Mortality Table -	15C - 2	015 Combine	ed - IRC 430(h)(3)(	(A)		
	Cost of Living -	None					
	Lump Sum -	or		nnuity Reserving F le Mortality Table f	-	ale AA (unisex) at 5	%
Asset Valuation Method:	Fair market value of				.,		
Discrimination Test Assumptior	IS:						
HCE Determination -		ees					
Otherwise Excludable -	Otherwise Excludab	le HCEs are	included wi	h the Not Otherwis	se Excludable	employees	
410(b)/401(a)(4)							
Pre-Retirement -	Interest -	8.5%					
Post-Retirement -	Interest -	8.5%					
	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 a	ge or attaine	ed age, if old	er			
Testing Service -	Separate benefiting	service for I	DC and for D	B for Accrued-to-D	Date Method		
Normal Form for MVAR -	Joint with 50% Survi	vor Benefits	5				

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

Edmund Kessler, MD, PLLC Defined Benefit Plan 11-3414897 / 002

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