#### 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).

2016

This Form is Open to

**Public Inspection** 

OMB Nos. 1210-0110

1210-0089

► Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit TAHIR HAFEEZ MD PC DEFINED BENEFIT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 46-5168009 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number TAHIR HAFEEZ MD PC 718-651-9700 2d Business code (see instructions) 21311 86TH AVENUE 621111 QUEENS VILLAGE, NY 11427 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year ...... 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 05/15/2017 TAHIR HAFEEZ SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

Form 5500-SF 2016 Page **2** 

b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)												
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	No	ot determine	ed		
<u> 7</u>	t III Financial Information  Plan Assets and Liabilities		(a) Reginning	of Voor				(b) En	d of Vo				
_ <u>'</u>	Total plan assets	7a	(a) Beginning (	125000			'	(b) End	d of Yea	39507			
	Total plan liabilities	7b											
	Net plan assets (subtract line 7b from line 7a)	7c		125000					2	39507			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b)	Total				
а	Contributions received or receivable from:		` ,	125000									
	(1) Employers	8a(1)											
	(2) Participants	8a(2)		0									
	(3) Others (including rollovers)	8a(3)		-10493									
	Other income (loss)	8b		10433					1	14507			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							'	14507			
	to provide benefits)	8d											
е	Certain deemed and/or corrective distributions (see instructions).	8e											
f	Administrative service providers (salaries, fees, commissions)	8f		0									
g	Other expenses	8g		0									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0			
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1	14507			
j	Transfers to (from) the plan (see instructions)	8j											
Pai	t IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in	the ins	struction	ns:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he inst	ructions	:			
Dos	Compliance Overtions												
Par					Voc	No	N/A						
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ıtione withi	n the time period		Yes	No	N/A		Am	ount			
a	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	iduciary Correction	10a		X							
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X							
С	Was the plan covered by a fidelity bond?			10c		Χ							
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ							
е	· · · · · · · · · · · · · · · · · · ·	10e		X									
f	Has the plan failed to provide any benefit when due under the plan	10f		X					-				
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X									
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)												
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i									

Page 3-	1	

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No	
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•	0	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					□\	′es X No	
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		s, and	l enter t _ Day		of the lette Year _	r ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		ī			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)	12d						
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	0	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougo ol of the PBGC?					Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the pl	an(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custod ne number	ian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L  s		n-based arbor	d [	Prior ye test	ear" ADP	
			-  □ "	Curre ADP t	ent year est	,,	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🗌	Ratio perce test	entage		verage enefit test	N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Ye	s	No		

# 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

2016

This Form is Open to Public Inspection

Fo	or calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and endin	g 12/	31/2016	
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable caus	se is establishe			
	Name of plan TAHIR HAFEEZ MD PC DEFINED BENEFIT PLAN		B Three-diq	git	I) <b>•</b>	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TAHIR HAFEEZ MD PC		<b>D</b> Employer	Identific	ation Number (E 68009	in)
Е	Type of plan: X Single Multiple-A Multiple-B F Prior year	olan size: X	100 or fewer	101-	-500 More th	an 500
ı	Part I Basic Information					
1	Enter the valuation date: Month 12 Day 31 Year	2016				
2	Assets:					
	a Market value			2a		79787
	<b>b</b> Actuarial value			2b		79787
3	Funding target/participant count breakdown	\ /	lumber of ticipants	. ,	sted Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment		0		0	0
	<b>b</b> For terminated vested participants		0		0	0
	C For active participants		1		113080	113080
	<b>d</b> Total		1		113080	113080
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for p status for fewer than five consecutive years and disregarding loading factor					
5	Effective interest rate			5		6.23 %
6	Target normal cost			6		113080
Sta	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				05/25/201	7
	Signature of actuary				Date	
	THEODORE ANDERSEN, M.A.A.A. MSPA		<u> </u>		14-02034	
	Type or print name of actuary			Most	recent enrollmer	nt number
	PENSION ASSOCIATES		<u></u>		203-356-03	
	Firm name 2001 WEST MAIN STREET SUITE 230 STAMFORD, CT 06902		Te	lephone	e number (includ	ing area code)
_	Address of the firm		<u> </u>			
If th	ne actuary has not fully reflected any regulation or ruling promulgated under the statute	in completin	ng this schedule	e, check	the box and see	·

age	2 -	1
uuu	_	

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances						
7	Dolonoo	at basins	ing of prior voor o	ofter englis	able adjustments (line 12 from	- nrior	(a) Ca	arryover balance		<b>(b)</b> P	refundin	g balance
7		J	0 , ,		able adjustments (line 13 fror			0				0
8			•	•	nding requirement (line 35 fro			0				0
9	Amount	remainin	g (line 7 minus line	e 8)				0				0
10	Interest	on line 9	using prior year's	actual retu	rn of%			0				0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:							
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							3617
					a over line 38b from prior yea e interest rate of6.44_%							0
				-	edule SB, using prior year's a							
					ar to add to prefunding balance						0	
					,							3617
	<b>d</b> Portion of (c) to be added to prefunding balance											0
12	12 Other reductions in balances due to elections or deemed elections								0			
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											0
Р	Part III Funding Percentages  4 Funding target attainment percentage											
14	14 Funding target attainment percentage											70.55%
15 Adjusted funding target attainment percentage											15	90.28%
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	80.00%	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									17	%		
	art IV	_	tributions an		•					•		
18					ar by employer(s) and emplo							
(1)	(a) Date		<b>(b)</b> Amount p employer		(c) Amount paid by employees	<b>(a)</b> D (MM-DD-		d by	(c) Amount paid by employees			
1	1/13/2016	6		20000	0							
0	1/29/2017	7		25000	0							
0	4/01/2017	7		30000	0							
	2/18/2016			25000	0							
0	2/26/2017	7		25000	0							
						Totals ▶	18(b)	1:	25000	18(c)		0
19	Discount	ted emplo	yer contributions	– see instr	ructions for small plan with a	valuation da	te after the I	peginning of the ye	ar:			
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	mum required contributions fr	om prior yea	ars	19	9a			0
	<b>b</b> Contri	butions m	nade to avoid restr	rictions adj	usted to valuation date			19	9b			0
	<b>C</b> Contril	butions all	ocated toward min	imum requi	ired contribution for current yea	ar adjusted to	valuation da	ate 19	9с			124410
20	Quarterly	y contribu	itions and liquidity	shortfalls:				·				
a Did the plan have a "funding shortfall" for the prior year?										Yes X No		
	<b>b</b> If line	20a is "Y	es," were required	d quarterly	installments for the current ye	ear made in	a timely ma	inner?				Yes No
	<b>C</b> If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as a	applicable:						
	Liquidity shortfall as of end of quarter of this plan year											
		(1) 1s	t		(2) 2nd		(3) 3	Brd		(	4) 4th	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost												
21	Discount	-										
	<b>a</b> Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65 %			I/A, full yie	d curve	used		
	<b>b</b> Applica	able month (er	nter code)			21b			0			
22	Weighted	d average retire	ement age			22		(	62			
23	Mortality	table(s) (see i	instructions) X Pres	scribed - combined Pres	cribed - separate	Substi	tute					
Pa	art VI	Miscellane	ous Items	<del>-</del>								
24		•	·	arial assumptions for the current p	•		-	· · -	_	X No		
25	Has a me	ethod change b	been made for the current pla	n year? If "Yes," see instructions r	egarding required attach	ment			Yes	X No		
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instructi	ons regarding required a	ıttachme	nt		Yes	X No		
27				r applicable code and see instructi		27						
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years											
28	Unpaid m			ears		28				0		
29				unpaid minimum required contribu	' '	29				0		
30	Remainir	ng amount of u	inpaid minimum required cont		30				0			
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Target n	ormal cost and	d excess assets (see instruction	ons):								
	<b>a</b> Target	normal cost (lir	ne 6)			31a			113	080		
	<b>b</b> Excess	assets, if app	licable, but not greater than li	ne 31a		31b				0		
32	Amortiza	tion installmen	its:		Outstanding Bala	nce		Install	ment			
	a Net sho	ortfall amortiza	tion installment			33293	5	501				
						0				0		
33				er the date of the ruling letter grant ) and the waived amount		33				0		
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34			118	581		
				Carryover balance	Prefunding balan	nce		Total b	alance			
35			se to offset funding	0		0				0		
36	Additiona	al cash requirer	ment (line 34 minus line 35)			36			118	581		
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37			124	410		
38			s contributions for current yea			<u> </u>						
						38a			5	829		
	<b>b</b> Portion	included in lin	ne 38a attributable to use of pr	refunding and funding standard ca	ryover balances	38b				0		
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							0				
40	Unpaid m	ninimum requir	ed contributions for all years.			40				0		
Pa	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)						
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:								
	<b>a</b> Schedule elected											
	<b>b</b> Eligible	plan year(s) f	or which the election in line 4	1a was made		2	2008 2	2009 20	10 2	2011		
42	Amount o	of acceleration	adjustment			42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43		· · · · · · · · · · · · · · · · · · ·				

#### Form 5500-SF

Department of the Lieuwiry Internal Revenue Service

Department of Labor

### Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of OMB Nos. 1210-0110 1210-0089

2016

Employee Hencella Socurily Administration The Internal Revenue Code (the Code).					
Ponsion Benefit Guaranty Corporation	► Complete all entries in a		ictions to the Form 5500-SF	Inspection	
	Identification Information			<del></del>	
-or catendar plan yoar 2016 or fis	scal plan yoar boginning	01/01/2016	· · · · · · · · · · · · · · · · · · ·	12/31/2016	
A This return/report is for:  B This return/report is:	a single employer plan  a one-participant plan the first return/report an amended return/report	a first of participating a foreign plan the final return/report	employer information in accor	s checking this box most attach dance with the form instructions.)	
			, ,		
C Check box If hiting under:	Form 5558 special extension (enter desc	☐ automatic extension cription)		DEVC program	
Partill Basic Plan Info	ormation onter all requested	Information			
1a Name of plan Tahir Hafeez MD PC	Defined benefit Plan			b Three-digit plan number (PN) ► 001	
			"	C Effective date of plan 01/01/2015	
Malling Address (include roo	 oyor, if for a single-omployer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		tructions)	b Employer Identification Number (EIN) 46: 5168009	
Tahir Hafeez MD PC			2	C Sponsor's telephone number (718) 651-9700	
21311 86th Avonue			2	d Business code (see instructions) 621111	
US Queens Villago NY 11	427				
			3	C Administrator's telephone number	
	o plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, ontor the	<b>b</b> EIN	
a Sponsor's name			4	C PN	
	s at the beginning of the plan year			5a 1	
	at the end of the plan year			5b 1	
c Number of participants with	account balances as of the end of	í tho plan yoar (only define	d contribution plans	5c	
d(1) Total number of active pa	rticlpants at the beginning of the p	lan year	5	d(1) 1	
d(2) Total number of active pa	rticipants at the end of the plan yo	ar	5	d(2) 1	
45	ferminated employment during the			5e 0	
	e or incomplete filling of this retu				
Under penalties of perjury and d SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary	ructions, I declare that I hav , as well as the electronic v	o oxamined this return/report, an	Including, if applicable, a Schodulo d to the best of my knowledge and	
SIGN Japan		S/15/201/	Tahir Hafeez		
HERE Signature of plan add		Date	Entor name of individual sig	gning as plan administrator	
7833370		915/2011	Tahir Hafeez		
HERE Signature of employe	er/plan sponsor	Date	Enter name of individual sig	gning as employer or plan sponsor	
	name, II applicable) and address		ber) Pr	eparer's telephone number kip this question	
			1 787 154		

	Form 5500-SF 2016		Page 2									
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (3	See instructions.)						x \	Yes No		
	Are you claiming a walver of the annual examination and report of an				•	•			lv"lv	Yes ∐No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answored "No" to ofther line 6a or line 6b, the plan canno							*******		res <u> </u>		
	If the plan is a delined benefit plan, is it covered under the PBGC ins					_		ΣI	ات ما	Jot dotounined		
		zaranee pr	ogram (see El nort seetien		.,.			<u></u> .	<u> </u>	101 001011111100		
	itillia Financial Information	NS. J. 1829 13	(a) Beginning of	Voar		1		(b) En	d of Yea			
	Plan Assets and Habilities		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			+ -		(12) 1-11				
	Total plan (iabilities	7.a 7.b	12	5,00	.,(,)	+				239,507		
	100.5 . 71. 74											
_												
	(1) Employers	8a(1)	12	5,0	00	1 124	44.	300 S.O		學的學術學和於學問學		
	(2) Participants	8a(2)			0					and the property of the		
	(3) Others (including rollovors)	8a(3)								2.各种的性质蛋白		
b	Other income (loss)	86		,49		105487	AT THE TOTAL	<b>企业基本</b>	S. S. PORT	<b>共享 45.46</b> 0元		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3000000000000000000000000000000000000	速波流	Pare a	XI			****	114,507		
	Bonofits pald (Including direct rollovers and insurance premiums	0.4				# (10) 100000			(2)	es a paramento		
	to provide benefits)	<u>8d</u>								DEN HER HER		
	Certain deemed and/or corrective distributions (see instructions)	8e			0					CONTRACTOR OF A		
	Administrativo servi <u>ce providers (salaries, lees, commissions)</u>	8f	<u> </u>		0					MACHINE AND		
	Othor expenses	ï	I SA KENGANAN BANKA	//28/ATG		_	(NGT) Judge (A. 14 a. 47)	(Jakata Gran	идинууларын. «	O C		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								114,507		
	Not Income (loss) (subtract line 8h from line 8c)	. 8[	SOMEON STANSON OF THE	JAN JAN 19	aca mese		(560%) (100 a 150)			reconstina.		
	Transfers to (from) the plan (see instructions)	8)	J			0.13.0%	(6/03/15/01/L) (6/4/	GM - 02568,0043	y a rational flaterist.	frist en arrolf (1864-1719) -		
	rtilV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Ch	aract	oristic	: Code	os in the	e instru	ctions:			
_												
b	If the plan provides wellare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	racto	ristic	Codes	in the	instruc	tions:			
1	4 . 7 .d											
	rt₩/// Compliance Questions		a)			· · ·	Leave year		<u></u>			
<u>10</u>	During the plan year:				Yes	No	N/A		Amo	unt		
а							(n., v.)					
	described in 29 CFR 2510,3-1027 (See instructions and DOL's Vo			10-		x	100					
	Program) ————————————————————————————————————			10a		<del></del>	200274					
D	roported on line 10a.)			10Ь		х	25 M					
C				10c		х	27.5					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
- c	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carner, insurance service, or other organization that provides some or all of the benefits undor the plan? (See instructions.)						1.00 m					
f	f Has the plan failed to provide any benefit when due under the plan?											
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	and.)	10g		х						
h		(See Instri	actions and 29 CFR	10h								
i	If 10h was answered "Yes," check the box if you oither provided the acceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d notice or one of the	10i					ridad Filotopia			

	Form 5500-SF 2016		Page 3 -	<b>]</b>					
Pari	VI Pension Funding Compliance			•			•		
11	Is this a defined benefit plan subject to minimum fun (Form 5500 and line 11a below)						X Ye	s 🔲	No
11a	Enter the unpaid minimum required contributions for				11a				0
12	Is this a defined contribution plan subject to the min FRISA?						[] Ye	s [x]	No
a	(If "Yes," complete fine 12a or lines 12b, 12c, 12d, a  If a waiver of the minimum funding standard for a pri		s plan year, soo in:	structions, a	and onter	the date o	l of the fello	ər t <b>ul</b> luğ	н
— If v	granting the waiver				Day	У	Үөаг _		
ь	Enter the minimum required contribution for this plan				12b				
C	Enter the amount contributed by the employer to the				12c				
d	Subtract the amount in line 12c from the amount in line and the amount in line 12c from the amount in line 12c fro	The state of the s	_		12d				
е	Will the minimum funding amount reported on line 1					Yes 🔲	No [	] N/A	
Pan	VIII Plan Terminations and Transfers	of Assets							
13a	Has a resolution to terminate the plan been adopted	In any plan year?			<u> </u>	Yes	X N	lo	
	If "Yes," enter the amount of any plan assets that re-				13a				
b	Were all the plan assets distributed to participants of control of the PBGC?						/es X	No	
C	If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst		other plan(s), iden	tify tho plan	(s) to				
1	3c(1) Name of plan(s):			13c(2)	⊨IN(∺)	l	13c(3	) PN(s)	)
	Trust Information - Skip These C	uestions			1 445				
14a	l Namo of trust				140	trust's Eli	N		
140	Name of trustee or custodian		<del></del>		1	frustoo o elephone		ın's	
Par	IRS Compliance Questions - Ski	p These Questions							
	I is the plan a 401(k) plan? If "No," skip b.		************		Yos		∏ No	,	
15k	How dld the plan satisfy the nondiscrimination requited 401(k)(3) for the plan year? Check all that apply:	rements for employee deferrals	under section		Design-bassale harb		"Pi	•	ıı" ADP
					"Currently ADP tost	уөаг"	□ N	//	
168	What testing mothod was used to satisfy the covera year? Check all that apply:				Ratio porcentag test	je 🗀	Averago bonofit to	<sub>est</sub> [	N/A
161	Did the plan satisfy the covorage and nondiscrimina for the plan year by combining this plan with any off	llon requirements of sections 4° nor plan under the permissive ag	10(b) and 401(a)(4) gregation rules?	<u></u>   🖂	Yes		□ No		
178	If the plan is a master and prototype plan (M&P) or the letter/ and serial num		ived a favorable IR	S opinion to	etter or ad	visory leti	ter, enter	the dat	e of
178	If the plan is an Individually-designed plan that rocol fottor	vod a favorable determination le	etter from the IRS,	ontor the da	ate of the	most rece	ent deten	nination	n
18	Delined Benofit Plan or Money Purchase Pension P Woro any distributions made during the plan year to sorvice?	an employee who attained age	62 and had not so	parated fro	m [	Yes	□ No	,	
19	Was any plan participant a 5% owner who had attai			***************************************	- 1-	Yes	∐ No	)	

# **Schedule SB, line 32 - Schedule of Amortization Bases**

### Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001 For the plan year 01/01/2016 through 12/31/2016

	Date Base Established			Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2016	33,293	Shortfall	33,293	7	5,501
Totals:				\$33,293		\$5,501

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

Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001 For the plan year 01/01/2016 through 12/31/2016

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

### Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001

For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	11/13/2016	\$20,000					
Applied to MRC	12/31/2016	20,000	20,159	0	0	6.23	0
Deposited Contribution	12/18/2016	\$25,000					
Applied to MRC	12/31/2016	25,000	25,054	0	0	6.23	0
Deposited Contribution	01/29/2017	\$25,000					
Applied to MRC	12/31/2016	25,000	24,880	0	0	6.23	0
Deposited Contribution	02/26/2017	\$25,000					
Applied to MRC	12/31/2016	25,000	24,765	0	0	6.23	0
Deposited Contribution	04/01/2017	\$30,000					
Applied to Additional Contribution	12/31/2016	5,917	5,829	0	0	6.23	0
Applied to MRC	12/31/2016	24,083	23,723	0	0	6.23	0
Totals for Deposited Contribution		\$125,000	\$124,410	\$0	\$0		

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

#### Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001

For the plan year 01/01/2016 through 12/31/2016

4.73

Valuation Date: 12/31/2016

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

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

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Rate % Year Segment 1 1.55 Segment 2 6 - 20 3.76

> 20

Segment rates for the Valuation Date as

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) -. HATFA Segment # Year Rate %

Segment 1 0 - 5 4.43 Segment 2 6 - 20 5.91 Segment 3 > 20 6.65

Pre-Retirement - Mortality Table -None

Segment 3

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

Post-Retirement - Mortality Table -16C - 2016 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

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

#### **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 -8.5% 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 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 100% Survivor Benefits

#### 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

# Schedule SB, Part V Summary of Plan Provisions

#### Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001

For the plan year 01/01/2016 through 12/31/2016

Employer: Tahir Hafeez MD PC Defined Benefit Plan

Type of Entity - S-Corporation

EIN: 46-5168009 TIN: Plan #: 001 Plan Type: Defined Benefit

**Dates:** Effective - 01/01/2015 Year end - 12/31/2016 Valuation - 12/31/2016

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 - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Derived from the graded benefit formula below:

Employee Classification Benefit Formula

001 6% of average monthly compensation per year of participation beginning year 1

limited to 10 year(s) minus Floor Offset

002 0.5% of average monthly compensation per year of participation beginning year

1 limited to 50 year(s) minus Floor Offset

Accrued Benefit - Unit credit based on participation

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: None

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

<u>Vesting Schedule:</u> 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

#### Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001

For the plan year 01/01/2016 through 12/31/2016

<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	1.82
Segment 2	6 - 20	4.12
Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

### **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).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

		▶ File as an attachm	ent to Form 5500 or	5500-SF.				
For caler	ndar plan year 2016 or fiscal p	olan year beginning 01/01	/2016	and ending	12,	/31/20	16	-
▶ Roun	d off amounts to nearest do	llar.						
▶ Cauti	on: A penalty of \$1,000 will be	e assessed for late filing of this report	unless reasonable ca	use is established	<u>d</u>			
A Name	of plan			B Three-digit	t			
Tahir H	Hafeez MD PC Defined	benefit Plan		plan numb	er (PN)	•	-	001
C Plan s	ponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer Ide	entificat	ion Num	ber (E	IN)
Tahir F	Hafeez MD PC				5-5168			
		Attention and At						
E Type o	of plan: X Single Multiple	e-A ☐ Multiple-B	Prior year plan size:	100 or fewer	]101-5	00 🔲	More	than 500
Part I	Basic Information							:
1 Ente	er the valuation date:	Month <u>12</u> Day <u>31</u>	Year2016	_				
2 Ass	ets:							
а м	arket value		•••••		2a			79,787
<b>b</b> A	ctuarial value				2b			79,787
3 Fun	3 Funding target/participant count breakdown:  (1) Number of participants  (2) Vested Funding Target  Target  Target							(3) Total Funding Target
<b>a</b> Fo	or retired participants and ben	eficiaries receiving payment	0			0		C
_	•	nts	0			0		C
			1		113,080			113,080
_	, ,		1		113	,080		113,080
		ck the box and complete lines (a) and	(b)					
a Fi	unding target disregarding pre	scribed at-risk assumptions	• • • • • • • • • • • • • • • • • • • •		4a	Entrans on ange		
<b>b</b> Fu		assumptions, but disregarding transit ive consecutive years and disregardir		have been in	4b			
5 Effe	ctive interest rate	•••••	•••••		5			6.23 %
6 Targ	get normal cost		•••••		6			113,080
To the bes	nt by Enrolled Actuary t of my knowledge, the information supple with applicable law and regulations. Ir no, offer my best estimate of anticipated	olied in this schedule and accompanying schedule n my opinion, each other assumption is reasonable experience under the plan.	es, statements and attachmer e (taking into account the exp	nts, if any, is complete a perience of the plan and	nd accura reasonab	ite. Each pr ble expecta	esribed tions) an	assumption was applied in nd such other assumptions, in
SIGN HERE	**************************************	The de				05/25	/201	7
	\$	Signature of actuary				D	ate	
	Theodore Anders		14-02034					
	Туре	or print name of actuary		-	Most re	ecent en	rollme	nt number
	Pension Associat	tes			(20	3) 35	6-03	06
		Firm name		Tele	ephone	number	(inclu	ding area code)
	2001 West Main	Street Suite 230						
	US Stamford	CT 06902						
	<del></del>	Address of the firm						
If the actua		regulation or ruling promulgated under	er the statute in compl	eting this schedul	e, chec	k the bo	x and	see

	S	chedul	e SB (Form 5500) 2016		Page <b>2</b>							
Pa	rt II	Beg	inning of Year Carryov	er and Prefunding Ba	lances							
						(a) (	Carryover balanc	е	(b)	Prefund	ing balance	
7			ginning of prior year after appli					0			0	
8	, ,		ed for use to offset prior year's f									
			vi use to onset phot years i					0			0	
9	Amoun	t rema	ining (line 7 minus line 8)	•••••				0			0	
_10	Interes	t on lin	e 9 using prior year's actual ret	turn of0.00%				0			0	
11	Prior ye	ear's e	xcess contributions to be added	d to prefunding balance:								
	<b>a</b> Pres	sent va	lue of excess contributions (lin	e 38a from prior year)							3,617	
	` '		on the excess, if any, of line 3	• •								
	S	Schedu	lle SB, using prior year's effecti	ve interest rate of6.4	<u>4</u> %						0	
	b(2) I	nterest	on line 38b from prior year Sc	hedule SB, using prior year's	actual							
	r	eturn	•••••	• • • • • • • • • • • • • • • • • • • •							0	
	<b>C</b> Tota	al avail	able at beginning of current pla	in year to add to prefunding b	alance .						3,617	
	<b>d</b> Port	ion of	(c) to be added to prefunding b	alance	•••••						0	
			ons in balances due to election					0		0		
13	Balanc	e at be	eginning of current year (line 9	+ line 10 + line 11d - line 12)	•••••			0			0	
Pa	rt III	Fι	unding Percentages									
14	Fundin	g targe	et attainment percentage		•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	14	70.55 %	
			ling target attainment percenta							15	90.28 %	
16			Inding percentage for purposes funding requirement							16	80.00 %	
17			value of the assets of the plan						· · · · · · · · ·	17	%	
	rt IV		ontributions and Liquid	· · · · · · · · · · · · · · · · · · ·	3 1 3	,	1 - 1 - 3					
			made to the plan for the plan y	_ <b>-</b>	ovees:							
	(a) Date	е	(b) Amount paid by	(c) Amount paid by	(a) I	Date	(b) Amour	nt paid by		(c) Amo	ount paid by	
	M-DD-Y	,	employer(s)	employees	(MM-DD		emplo	, , ,		emp	loyees	
	13/20		20,000		12/18/			25,0				
	29/20		25,000		02/26/	2017		25,0	00			
04/	01/20	17	30,000									
					Totals >	18(b)		125,0	იი 18(ი	:)	0	
19	Discou	nted e	mployer contributions see ins	structions for small plan with a		` '	he beginning of t		30   3 (S	-1		
			ns allocated toward unpaid mir					19a			0	
			ns made to avoid restrictions a	·				19b			0	
			ns allocated toward minimum r				luation date	19c			124,410	
20			tributions and liquidity shortfalls	<u>'</u>	. ,							

Liquidity shortfall as of end of quarter of this plan year

(3)

3rd

(4)

4th

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

(2)

2nd

**C** If line 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	jet Normal Cost			
21	Discou	unt rate:						
	<b>a</b> Se	gment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used	
	<b>b</b> App	plicable month	(enter code)			21b	0	
22	Weigh	nted average re	tirement age			22	62	
23	Mortal	lity table(s) (see	e instructions) X Pr	rescribed - combined Pres	scribed - separate	Substitu	te	
Pa	rt VI	Miscellane	eous items					
24	Has a	change been r	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required	
	attach	ment					Yes X No	
25	Has a	method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment .	Yes X No	
26	Is the	plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachmen	t Yes X No	
27		•		ter applicable code and see instruc		27		
Pa	rt VII	Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years			
28	Unpai	d minimum req	uired contributions for all prior	years		28	0	
29				d unpaid minimum required contrib		29		
							0	
30				ntributions (line 28 minus line 29)		30	0	
	rt VIII		Required Contribution					
31			nd excess assets (see instruct	•				
	_					31a	113,080	
				line 31a		31b	0	
32		ization installm			Outstanding Bala		Installment	
				• • • • • • • • • • • • • • • • • • • •		33,293	5,501	
						0	0	
				nter the date of the ruling letter gran) and the waived amount .		33	0	
34	Total f	unding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	118,581	
				Carryover balance	Prefunding Bala	ance	Total balance	
35			use to offset funding					
			• • • • • • • • • • • • •	0		0	0	
36				• • • • • • • • • • • • • • • • • • • •		36	118,581	
37				ontribution for current year adjuste		37	124,410	
38	(line 19c)							
	_					38a	5,829	
	<ul> <li>a Total (excess, if any, of line 37 over line 36)</li></ul>							
	20							
10					40	0		
40 Unpaid minimum required contributions for all years								
41 If an election was made to use PRA 2010 funding relief for this plan:								
<b>a</b> Schedule elected								
	_							
42	b Eligible plan year(s) for which the election in line 41a was made							
				d over to future plan years		43		
		motamilent at	Coloration amount to be carried	a over to luture plan years				