

**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).

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

OMB Nos. 1210-0110  
1210-0089

**2016**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

- A** This return/report is for:
- 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 one-participant plan
  - a foreign plan
- B** This return/report is:
- the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- Form 5558
  - automatic extension
  - DFVC program
  - special extension (enter description)

**Part II Basic Plan Information**—enter all requested information

<p><b>1a</b> Name of plan <u>MICHAEL J. KASSOUF MD PC DEFINED BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶</p>	<p><u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MICHAEL J. KASSOUF MD PC</u>  <u>346 76TH STREET</u> <u>BROOKLYN, NY 11209-3106</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2010</u></p>	<p><b>2b</b> Employer Identification Number (EIN) <u>13-3789740</u></p> <p><b>2c</b> Sponsor's telephone number <u>718-541-3072</u></p> <p><b>2d</b> Business code (see instructions) <u>621111</u></p>
<p><b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.</p>	<p><b>3b</b> Administrator's EIN</p>	<p><b>3c</b> Administrator's telephone number</p>
<p><b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.</p> <p><b>a</b> Sponsor's name</p>	<p><b>4b</b> EIN</p>	<p><b>4c</b> PN</p>
<p><b>5a</b> Total number of participants at the beginning of the plan year .....</p> <p><b>b</b> Total number of participants at the end of the plan year.....</p> <p><b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p> <p><b>d(1)</b> Total number of active participants at the beginning of the plan year.....</p> <p><b>d(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....</p>	<p><b>5a</b></p> <p><b>5b</b></p> <p><b>5c</b></p> <p><b>5d(1)</b></p> <p><b>5d(2)</b></p> <p><b>5e</b></p>	<p><u>8</u></p> <p><u>8</u></p> <p></p> <p><u>7</u></p> <p><u>7</u></p> <p><u>0</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/05/2017	MICHAEL J. KASSOUF MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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

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

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1456040	1482810
<b>b</b> Total plan liabilities.....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	1456040	1482810
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	100000	
<b>(2)</b> Participants.....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	29916	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		129916
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	103146	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>		
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		103146
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		26770
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

<b>Part V Compliance Questions</b>		Yes	No	N/A	Amount
<b>10</b> During the plan year:					
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X		
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X			300000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X		
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	<b>10e</b>		X		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>				
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<b>10i</b>				

**Part VI Pension Funding Compliance**

<b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>11a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .....	<b>11a</b> <span style="float: right;">0</span>
<b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month _____ Day _____ Year _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>	
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII Trust Information**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN
<b>14c</b> Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number

**Part IX IRS Compliance Questions**

<b>15a</b> Is the plan a 401(k) plan? If "No," skip b.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>15b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....	<input type="checkbox"/> Design-based safe harbor	<input type="checkbox"/> "Prior year" ADP test
	<input type="checkbox"/> "Current year" ADP test	<input type="checkbox"/> N/A
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>17a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
<b>17b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
<b>18</b> Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>19</b> Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 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 reasonable cause is established.

<b>A</b> Name of plan <u>MICHAEL J. KASSOUF MD PC DEFINED BENEFIT PLAN</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MICHAEL J. KASSOUF MD PC</u>		<b>D</b> Employer Identification Number (EIN) <u>13-3789740</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2016</u>			
<b>2</b> Assets:	<b>a</b> Market value .....	<b>2a</b>	<u>1382810</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>1382810</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>1</u>	<u>46993</u>
	<b>c</b> For active participants .....	<u>7</u>	<u>1173688</u>
<b>d</b> Total .....	<u>8</u>	<u>1220681</u>	<u>1327111</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.97 %</u>	
<b>6</b> Target normal cost .....	<b>6</b>	<u>41822</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Signature of actuary	<u>10/13/2017</u>
	<u>JEFFREY S. RICHGAT</u>	Date
	Type or print name of actuary	<u>14-05094</u>
	<u>JR PENSION SERVICES INC.</u>	Most recent enrollment number
	Firm name	<u>646-454-1031</u>
	<u>420 E. 23RD STREET BOX 7F NEW YORK, NY 10010</u>	Telephone number (including area code)
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2016  
v. 160205**

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	189633
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	189633
<b>10</b>	Interest on line 9 using prior year's actual return of <u>1.32</u> %.....	0	2503
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		171901
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> % .....		28
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		171929
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	192136
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	104.19%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.20%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	86.00%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/12/2017	100000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	100000	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	96030

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....  Yes  No

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	41822	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	41822	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	0	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	96030	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	96030	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

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Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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1210-0089

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**C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**Part II Basic Plan Information** --- enter all requested information

<b>1a</b> Name of plan Michael J. Kassouf MD PC Defined Benefit Plan	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Michael J. Kassouf MD PC  346 76th Street  Brooklyn, NY 11209-3106	<b>1c</b> Effective date of plan 01/01/2010
	<b>2b</b> Employer Identification Number (EIN) 13-3789740
	<b>2c</b> Sponsor's telephone number (718) 341-3072
	<b>2d</b> Business code (see instructions) 621111
<b>3a</b> Plan administrator's name and address. <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name	<b>4b</b> EIN
	<b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year	<b>5a</b> 8
<b>b</b> Total number of participants at the end of the plan year	<b>5b</b> 8
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>5c</b>
<b>d(1)</b> Total number of active participants at the beginning of the plan year	<b>5d(1)</b> 7
<b>d(2)</b> Total number of active participants at the end of the plan year	<b>5d(2)</b> 7
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>5e</b> 0

**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.

<b>SIGN HERE</b> 	<u>10-5-2017</u>	Michael J. Kassouf
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b> 	<u>10-5-2016</u>	Michael J. Kassouf
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) <b>Skip this question</b>	Preparer's telephone number <b>Skip this question</b>
--	--

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

<b>Part III Financial Information</b>			
<b>7 Plan Assets and Liabilities</b>		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	7a	1,456,040	1,482,810
<b>b</b> Total plan liabilities.....	7b	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	7c	1,456,040	1,482,810
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers .....	8a(1)	100,000	
(2) Participants .....	8a(2)		
(3) Others (including rollovers) .....	8a(3)		
<b>b</b> Other income (loss) .....	8b	29,916	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c		129,916
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d	103,146	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ...	8e		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	8f		
<b>g</b> Other expenses .....	8g		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h		103,146
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	8i		26,770
<b>j</b> Transfers to (from) the plan (see instructions) .....	8j		

- Part IV Plan Characteristics**
- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.

<b>Part V Compliance Questions</b>		Yes	No	N/A	Amount
<b>10</b> During the plan year:					
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	10b		X		
<b>c</b> Was the plan covered by a fidelity bond? .....	10c	X			300,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	10d		X		
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	10e		X		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	10f		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	10g		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	10h				
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	10i				

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)  Yes  No

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

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

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month    Day    Year   

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

**b** Enter the minimum required contribution for this plan year. **12b**

**c** Enter the amount contributed by the employer to the plan for the plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

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

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

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

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

13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII Trust Information - Skip These Questions**

**14a** Name of trust **14b** Trust's EIN

**14c** Name of trustee or custodian **14d** Trustee or custodian's telephone number

**Part IX IRS Compliance Questions- Skip These Questions**

**15a** Is the plan a 401(k) plan? If "No," skip b.  Yes  No

**15b** How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  Design-based safe harbor  "Prior year" ADP test  "Current year" ADP test  N/A

**16a** What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  Ratio percentage test  Average benefit test  N/A

**16b** Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?  Yes  No

**17a** If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter    /    /    and serial number   

**17b** If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter    /    /   

**18** Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?  Yes  No

**19** Was any plan participant a 5% owner who had attained at least age 70 1/2 during the prior plan year?  Yes  No

**Attachment to 2016 Schedule SB**

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

**Employer Identification Number (EIN): 13-3789740**

**Plan Number: 001**

**As permitted in Q24b of the EFAST2 Electronic Filing System Frequently Asked Questions on the Department of Labor's website, the required attachment is included in the SB Actuary Signature file.**

**Attachment to 2016 Schedule SB**

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

**Employer Identification Number (EIN): 13-3789740**

**Plan Number: 001**

**As permitted in Q24b of the EFAST2 Electronic Filing System Frequently Asked Questions on the Department of Labor's website, the required attachment is included in the SB Actuary Signature file.**

**Attachment to 2016 Schedule SB**

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

**Employer Identification Number (EIN): 13-3789740**

**Plan Number: 001**

**As permitted in Q24b of the EFAST2 Electronic Filing System Frequently Asked Questions on the Department of Labor's website, the required attachment is included in the SB Actuary Signature file.**

**Attachment to 2016 Schedule SB**

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

**Employer Identification Number (EIN): 13-3789740**

**Plan Number: 001**

**As permitted in Q24b of the EFAST2 Electronic Filing System Frequently Asked Questions on the Department of Labor's website, the required attachment is included in the SB Actuary Signature file.**

**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**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 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 reasonable cause is established.

<b>A</b> Name of plan Michael J. Kassouf MD PC Defined Benefit Plan		<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Michael J. Kassouf MD PC		<b>D</b> Employer Identification Number (EIN) 13-3789740	

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 12 Day 31 Year 2016

**2** Assets:

<b>a</b> Market value .....	<b>2a</b>	1,382,810
<b>b</b> Actuarial value .....	<b>2b</b>	1,382,810

**3** Funding target/participant count breakdown:

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	0	0	0
<b>b</b> For terminated vested participants .....	1	46,993	46,993
<b>c</b> For active participants .....	7	1,173,688	1,280,118
<b>d</b> Total .....	8	1,220,681	1,327,111

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)

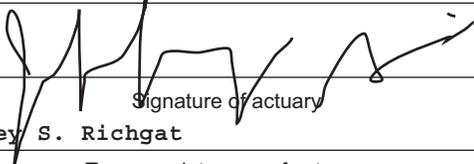
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	

**5** Effective interest rate ..... **5** 5.97 %

**6** Target normal cost ..... **6** 41,822

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		10/13/2017
	Signature of actuary	Date
	Jeffrey S. Richgat	14-05094
	Type or print name of actuary	Most recent enrollment number
JR Pension Services Inc.	(646) 454-1031	Telephone number (including area code)
Firm name	420 E. 23rd Street Box 7F US New York NY 10010	
Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	189,633
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	189,633
<b>10</b>	Interest on line 9 using prior year's actual return of <u>1.32</u> % .....	0	2,503
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		171,901
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> %.....		28
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .		171,929
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	192,136
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>		14	15	16	17
<b>14</b>	Funding target attainment percentage .....	104.19	%		
<b>15</b>	Adjusted funding target attainment percentage .....	104.20	%		
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	86.00	%		
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....				%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/12/2017	100,000						
			<b>Totals ▶</b>	<b>18(b)</b>	100,000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	<b>19c</b>	96,030
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used To Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code)				<b>21b</b> 0
<b>22</b> Weighted average retirement age				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6)	<b>31a</b>	41,822	
<b>b</b> Excess assets, if applicable, but not greater than line 31a	<b>31b</b>	41,822	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment	0	0	
<b>b</b> Waiver amortization installment	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	<b>33</b>	0	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	<b>34</b>	0	
	Carryover balance	Prefunding Balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35)	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	<b>37</b>	96,030	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	96,030	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years	<b>43</b>		

**Michael J. Kassouf MD PC**  
**Defined Benefit Plan**  
**VALUATION AS OF 12/31/2016**  
**Summary of Plan Provisions**

Plan Effective Date	January 1, 2010
Plan Anniversary Date	January 1, 2016
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	62nd birthday and plan anniversary nearest 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Normal Retirement Benefit	Benefit Formula: 5% per year of service times compensation Maximum total years of service: 15 Maximum years of past service: 5 IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan service up to 10 (actuarially adjusted for benefit form)
Compensation Definition	Highest consecutive 3 year average salary over all service Annual salary up to \$265,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	100% present value of accrued benefit
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Exclude service before age 18 Exclude service before effective date Computation Period: Years Beginning 1/1 Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Units accrued to date

**Michael J. Kassouf MD PC**  
**Defined Benefit Plan**  
**VALUATION AS OF 12/31/2016**  
**Summary of Actuarial Method and Assumptions**

**Normal Retirement Benefit**

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.43%

Second Segment: 5.91%

Third Segment: 6.65%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.55%

Second Segment: 3.76%

Third Segment: 4.73%

Pre-Retirement Valuation Assumptions

Mortality Table 2016 430(h)(3)(A)-Optional combined

Retirement Valuation Assumptions

Mortality Table 2016 430(h)(3)(A)-Optional combined

**Optional Forms Assumption**

100% of participants will elect the Plan Normal Form

**Pre-Retirement Death Benefit**

Liability funded on a reserve basis with Normal Retirement Benefit

Mortality Table 2016 430(h)(3)(A)-Optional combined

**Pre-Retirement Actuarial Equivalence Assumptions**

Investment Earnings 5% Effective annual rate

**Retirement Actuarial Equivalence Assumptions**

Investment Earnings 5% Effective annual rate

Mortality Table 2016 417(e)(3) Applicable Mortality Table

**Assumptions for IRC415 Maximum Benefit Actuarial Adjustments**

Investment Earnings 5% Effective annual rate

Mortality Table 2016 417(e)(3) Applicable Mortality Table

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

Investment Earnings 5.5% Effective annual rate

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

<b>Date</b>	<b>Amount</b>	<b>Plan Year</b>	<b>Effective Rate of Interest</b>	<b>Discounted Amount</b>
09/12/2017	100000.00	2016	5.97%	96030.00
Total for Minimum Required Contribution	100000.00			96030.00

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

No Bases