Form 5500-SF		Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R				2016		
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		nternal	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.			
For calenda	Annual Report Io Ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	.016	and ending 12	/31/2016			
		a single-employer plan		plan (not multiemployer) (F		ing this box must attach a		
A This ret	turn/report is for:	a one-participant plan		employer information in acc		-		
B This retu	urn/report is	the first return/report an amended return/report	X the final return/repo ☐ a short plan year ret	rt turn/report (less than 12 mc	onths)			
C Check	box if filing under:	Form 5558	automatic extension	L	DFVC p	rogram		
		x special extension (enter desci		50				
Part II		mation—enter all requested in	formation		41			
1a Name ARNON KRO	of plan ONGRAD PENSION PL/	AN			1b Three plan (PN)	number		
				-	1c Effec	tive date of plan 01/01/2005		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b Empl (EIN)	oyer Identification Number 65-0942963			
	NGRAD, M.D., P.A.	country, and ZIP or foreign post	al code (if foreign, see in	istructions)	2c Sponsor's telephone number 305-936-0474			
	20900 NE 30 AVENUE, SUITE 207 AVENTURA, FL 33180				2d Business code (see instructions) 621111			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
				-	3c Admi	nistrator's telephone number		
4 If the r	name and/or EIN of the	blan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN			
name		per from the last return/report.	· · · · · · · · · · · · · · · ·		4c PN			
5a Totalı	number of participants a	t the beginning of the plan year			5a	3		
_		t the end of the plan year			5b	C		
C Numb	er of participants with ac	ccount balances as of the end of	the plan year (only defin	ed contribution plans	5c			
d(1) Tota	al number of active parti	cipants at the beginning of the pl	an year		5d(1)	3		
• •		cipants at the end of the plan year			5d(2)	C		
than	100% vested	erminated employment during the			5e	C		
		r incomplete filing of this return er penalties set forth in the instruc						
SB or Sche		I signed by an enrolled actuary, a						
SIGN HERE Filed with authorized/valid electronic signature. 12/17/2017 ARNON KRONGRAD Signature of plan administrator Date Enter name of individuation								
		ministrator	inistrator Date Enter name of indivi			as plan administrator		
SIGN HERE								
	Signature of employ		Date			as employer or plan sponsor		
Preparer's	name (including firm na	me, if applicable) and address (ir	iclude room or suite num	iber)	Preparer's	telephone number		
		see the Instructions for Form 550				Form 5500-SF (2016)		

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual exami								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)	? Yes X No Not determined					
Pa	rt III Financial Information	<u></u>							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1500304	0					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	1500304	0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	0						
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						

е	e Certain deemed and/or corrective distributions (see instructions).		34200				
f	f Administrative service providers (salaries, fees, commissions)		10116				
g	g Other expenses		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1558069			
i Net income (loss) (subtract line 8h from line 8c)		8i		-1500304			
j	j Transfers to (from) the plan (see instructions)						
Ра	Part IV Plan Characteristics						
~							

8b

8c

8d

9a	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructior	IS:
	IA 3D	

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

b Other income (loss).....

to provide benefits).....

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....

 ${\boldsymbol d}$ $\,$ Benefits paid (including direct rollovers and insurance premiums $\,$

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					·· 🖵	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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 least of the matter amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Ye	s N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's I	EIN	
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number			lian's
					I	leiepho	ne number	
Par	LIV	IRS Compliance Questions						
Fai							Π	
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP
				"Curre ADP t	ent year' est	13	N/A	
16a		t 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
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	date (of the m	ost rec	ent determi	ination
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 ce?		rom	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

Form 5500-SF	Short Form Annual	Return/Report o Benefit Plan	f Small Employe	ee		OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be	filed under sections 104 a	nd 4065 of the Employee		2016				
Department of Labor Employee Benefits Security Administration	Retirement Income Security A the Inte	ct of 1974 (ERISA), and se ernal Revenue Code (the C	ection 6057(b) and 6058(a) ode).	(a) of This Form is Open to Put Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in acc	Complete all entries in accordance with the instructions to the Form 550							
	dentification Information			!					
For calendar plan year 2016 or fiscal	plan year beginning	01/01/2016	and ending	12/3	31/2016				
A This return/report is for:	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 one-participant plan a foreign plan the first return/report x an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing under:	Form 5558	automatic extension		[] (OFVC progra	m			
	x special extension (enter descript	ion) IRMA IR 2017-	150						
	mation enter all requested in	formation							
1a Name of plan				1b Th					
Arnon Krongrad Pens	ion Plan			-	n number √) ►	001			
				1c Eff	ective date of /01/2005	plan			
2a Plan sponsor's name (employe Mailing Address (include room, City or town, state or province,	r, if for a single-employer plan) , apt., suite no. and street, or P.O. E country, and ZIP or foreign postal c	iox) ode (if foreign, see instruct	ions)		iployer Identif N) 65-09	ication Number 42963			
Arnon Krongrad, M.D., P.A.					2c Sponsor's telephone number				
20900 NE 30 Avenue, Suite 207				(305) 936-0474 2d Business code (see instructions) 621111					
US Aventura FL 33180				021111					
3a Plan administrator's name and	address 🔀 Same as Plan Spon	sor		3b Administrator's EIN					
				3c Ad	ministrator's I	telephone number			
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	last return/report filed for t	his plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of participants at	the beginning of the plan year .	*****	*****	5a		3			
b Total number of participants at		*******		5b		0			
C Number of participants with accomplete this item)	count balances as of the end of the	plan year (only defined cor	tribution plans	5c					
	ipants at the beginning of the plan y			5d(1)		3			
d(2) Total number of active partic			*****	5d(2)		0			
	minated employment during the plan			5e		0			
Caution: A penalty for the late of	r incomplete filing of this return/	report will be assessed u	inless reasonable cause	is estab	lished.				
Under penalties of perjury and othe	r penalties set forth in the instructio I signed by an enrolled actuary, as v	ns, I declare that I have ex	amined this return/report. i	ncludina.	if applicable.	a Schedule vledge and			
SIGN Amon Kiongeo	d, MD	12/17/2017	ARNON KRONGRAD						
HERE Signature of individu					s plan admini	istrator			
SIGN Amon Krongrad, MD 12/17/2017 ARNON KRONGRAD									
HERE Signature of employer/	plan sponsor	Date	Enter name of individual	signing a	s employer o	plan sponsor			
Preparer's name (including firm name Skip this question	me, if applicable) and address (inclu	ide room or suite number)		Preparer	's telephone his quest	number			

Form 5500-SF 2016 Page 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X 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. С If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes X No Not determined Part III Financial Information . Plan Assets and Liabilities 7 (a) Beginning of Year (b) End of Year а Total plan assets 1,500,304 7a ٥ b Total plan liabilities 7b 0 n Net plan assets (subtract line 7b from line 7a) С 7¢ 1,500,304 ******** o 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants 0 8a(2) (3) Others (including rollovers) 0 8a(3) b Other income (loss) 8ħ 57,765 Ç Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 57,765 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 1,513,753 8d e Certain deemed and/or corrective distributions (see instructions) 34,200 8e f 10,116 Administrative service providers (salaries, fees, commissions) 8f Other expenses Ö g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1,558,069 i. Net income (loss) (subtract line 8h from line 8c) 81 (1,500,304)Transfers to (from) the plan (see instructions) 8 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: Part V Compliance Questions 10 During the plan year: Yes No N/A Amount а Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction ***** х Program) 10a h Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) х 10b С Was the plan covered by a fidelity bond? 10c х d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused х by fraud or dishonesty? 10d *********** Were any fees or commissions paid to any brokers, agents, or other persons by an insurance e carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) х 10e f Has the plan failed to provide any benefit when due under the plan? 10f х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g х 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h í If 10h was answered "Yes," check the box if you either provided the required notice or one of the

10i

exceptions to providing the notice applied under 29 CFR 2520.101-3

Form 5500-SF 2016

Page 3	-	
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D	Nul								
Par							······		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500 and line 11a below)	omplete Sch	edule SB	****	Yes Yes	X	No		
	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a								
12	ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				l				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver			date of the ay	letter ruling	9	_		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13,							
<u>b</u>	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 la negative amount)		12d						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes [No 🗌	N/A	· · · · · · · · · · · · · · · · · · ·		
Par	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	*****		X Yes)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**********************	, 13a	T			0		
b				X \	Yes 🔲	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)			- I					
1	3c(1) Name of plan(s);	13c(2)	EIN(s)	ſ	13c(3)	PN(s)	····.		
	VIII Trust Information - Skip These Questions								
				Trust's El					
Refur for Signal I	: Name of trustee or custodian		140	Trustee of telephone		'S			
Par	IX IRS Compliance Questions - Skip These Questions								
15a	I is the plan a 401(k) plan? If "No," skip b.		Yes		🗌 No				
15ł	 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- safe har "Curren ADP tes	bor t year"	"Pri test	·	r" ADP		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percenta test	age 🔲	Average benefit tes	_{it} E] N/A		
16k	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	I if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter/ and serial number	opinion letter	or adviso	ory letter, en	iter the date	e of			
171	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter//	ter the date	of the mo	st recent de	termination	1			
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 sepa service?	rated from		Yes	🔲 No				
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	*************		Yes	No No				