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

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

 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: X 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 EDMUND KESSLER, MD, PLLC 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/1998 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) 11-3414897 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number EDMUND KESSLER, MD, PLLC 516-498-9000 2d Business code (see instructions) 1000 NORTHERN BOULEVARD **SUITE 250 GREAT NECK, NY 11021 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. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year 3 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

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

<u>beliet, it is t</u>	rue, correct, and complete.						
0.0.4	Filed with authorized/valid electronic signature.	01/29/2018	EDMUND KESSLER				
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				
Preparer's i	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number			

than 100% vested.....

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or the second of the second or line 6b.	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		X Ye	es No
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	☐ Not de	termined
7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Year	
<u> </u>	Total plan assets	7a		259771				(b) Ella	2598°	17
	Total plan liabilities	7b		0						0
	Net plan assets (subtract line 7b from line 7a)	7c		259771					2598	17
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:		, ,	0						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		12056						
	Other income (loss)	8b		12050	-				400	-0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							120	0 6
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10446						
e	Certain deemed and/or corrective distributions (see instructions).									
f	Administrative service providers (salaries, fees, commissions)	, , ,								
g	Other expenses	1504								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							120	10
i	Net income (loss) (subtract line 8h from line 8c)	8i						4	16	
j	Transfers to (from) the plan (see instructions)									
Pai	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Coc	les in t	the instru	uctions:	
Dor	t V Compliance Overtions									
Par					Vaa	l Na	N/A			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		Yes	No	IN/A		Amoun	t
а	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a		X				
				10c	X					25977
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her persor ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
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	he require	d notice or one of the	10i						

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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)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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	s X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	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 p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	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	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	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?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

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 section 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

For calendar plan year 2016 or fiscal plan year beginning
A This return/report is for: a one-participant plan by This return/report is: a one-participant plan by This return/report is: a one-participant plan by This return/report is: by This return/report is: c Check box if filing under: c DFVC program c DF
B This return/report is: the first return/report an amended return/report the final return/report a short plan year return/report (less than 12 months) C Check box if filing under: Special extension (enter description) Part II Basic Plan Information enter all requested information 1a Name of plan Edmund Kessler, MD, PLLC 401(k) Profit Sharing Plan 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/1998
an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension
C Check box if filing under:
Special extension (enter description) Part II Basic Plan Information enter all requested information 1a Name of plan Edmund Kessler, MD, PLIC 401(k) Profit Sharing Plan 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/1998
Part II Basic Plan Information enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ 001 Edmund Kessler, MD, PLLC 401(k) Profit Sharing Plan 1c Effective date of plan 01/01/1998
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Edmund Kessler, MD, PLIC 401(k) Profit Sharing Plan plan number (PN) ▶ 001 1c Effective date of plan 01/01/1998
Edmund Kessler, MD, PLLC 401(k) Profit Sharing Plan (PN) ▶ 001 1c Effective date of plan 01/01/1998
1c Effective date of plan 01/01/1998
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)
Edmund Kessler, MD, PLLC (516) 498-9000
2d Business code (see instructi
1000 Northern Boulevard 621111
Suite 250 US Great Neck NY 11021
3a Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN
3c Administrator's telephone nu
4 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.
a Sponsor's name 4c PN
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 5d(1)
d(2) Total number of active participants at the end of the plan year
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e
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 Sche 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 signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge are the electronic version of this return/report.
belief, it is true, correct, and complete.
SIGN EDMUND KESSLER
HERE Signature of plan administrator Date 1 29/20/5 Enter name of individual signing as plan administrator
SIGN EDMUND KESSLER
HERE Signature of employer/plan sponsor Date / 24/20/8 Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room of suite number) Preparer's telephone number
Skip this question Skip this question

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)		*******			XYes No			
b											
	If you answered "No" to either line 6a or line 6b, the plan canno		•					XYes No			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins							s No Not determine			
P.	art III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	T		(b) End of Year			
a	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	59,7		-		259,817			
b	Total plan liabilities	7 b	Sec. 1	00,7	0	1					
C	Net plan assets (subtract line 7b from line 7a)	7c	2	59,7		-		259,817			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		'-	+		(b) Total			
a	Contributions received or receivable from:	The second secon	(0) /	•				(4)			
	(1) Employers	8a(1)			0	7/245					
	(2) Participants	8a(2)			0	\$2000 \$2000					
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		12,0	56	2000					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12,056			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8ď		10,4	46	Total Control of the					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	7000000					
f	Administrative service providers (salaries, fees, commissions)	8f			0	3573762 3773752 3773753					
g	Other expenses	8g		1,564							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	or charles to be be a base to a faith for the part of the part of the part of the faith (and) and (b)				12,010				
i	Net income (loss) (subtract line 8h from line 8c)	8i						46			
÷	Transfers to (from) the plan (see instructions)					100 (100 (100 (100 (100 (100 (100 (100	negovije Soemij Negovije Soemij				
P	irt IV Plan Characteristics					22332					
	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan C	haract	eristic	: Code	es in th	e instructions:			
	2A 2E 2F 2G 2J 2K 3B 3D					-					
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the	instructions:			
Pa	rt V Compliance Questions					,					
10	During the plan year:				Yes	No	N/A	Amount			
a	• • • • •						The second secon				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction								
	Program)		********************************	10a		х	The second secon				
b	Were there any nonexempt transactions with any party-in-interest?	•		10b		х					
	Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************	10c	х		PROPERTY OF STREET	25,977			
d	Did the plan have a loss, whether or not reimbursed by the plan's t	idelity bon	d, that was caused	10d		х	Total Control of the				
—е		er persons	by an insurance	100			agency and the second s				
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		х					
f	Has the plan failed to provide any benefit when due under the plan	1?	*******************************	10f		х	The state of the s				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х	150000000				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х	And the second s				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	her provided the required notice or one of the									

	Form 5500-SF 2016	Page 3 -						
Par 11	t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se (Form 5500 and line 11a below)						Yes 2	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Formula State of the Contribution)		#100F1000	11a		· ,	-	
12	Is this a defined contribution plan subject to the minimum funding requirements of s					🗆	Yes [X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in thi granting the waiver					e of the l		ling
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)			West to be a second				
b	Enter the minimum required contribution for this plan year	*******************************	****************	12b				
С	Enter the amount contributed by the employer to the plan for the plan year		*************	12¢				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	-		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?	***********		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?		************		Yes	x	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 an control of the PBGC?		_			Yes	X No	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ider	ntify the plan(s) to				w.
1	3c(1) Name of plan(s):		13c(2) E	lN(s)		13	c(3) PN	(s)
								~~ H = H = M + M + M = T = T = T = T = T = T = T = T = T =
Par	Trust Information - Skip These Questions							
14a	Name of trust			14b	Trust's E	ΞIN		
140	Name of trustee or custodian			1		or custo ne numb		
Par	IX IRS Compliance Questions - Skip These Questions			1				
15a	Is the plan a 401(k) plan? If "No," skip b.		🗀 Y	es			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals 401(k)(3) for the plan year? Check all that apply:		s ""	esign-b afe harb Current	or		"Prior y test N/A	ear" ADF
16a	What testing method was used to satisfy the coverage requirements under section 4 year? Check all that apply:		,,,,,,,	DP test tatio ercentagest	је 🗀	Avera benefi	.ge	N//
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 41 for the plan year by combining this plan with any other plan under the permissive ag		9	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that receive the letter/ and serial number	ved a favorable IF	RS opinion let	ter or ad	visory le	etter, ent	er the d	late of
17b	If the plan is an individually-designed plan that received a favorable determination le	tter from the IRS,	enter the dat	e of the	most re	cent det	erminat	ion
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 se	eparated from	, ב	Yes		No	

service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Yes No