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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2017

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information							
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/201	7	and ending 1	2/31/2017				
A This re	turn/report is for:	x a single-employer plan		lan (not multiemployer) (mployer information in ad					
D This are	and the second to	a one-participant plan	a foreign plan						
D This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu -	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	ı			
		special extension (enter descript	-						
Part II		ormation—enter all requested inform	mation		Las				
1a Name TAHIR HAF	of plan EEZ MD PC DEFINE	D BENEFIT PLAN			1b Three-digit plan numbe (PN) ▶	r 001			
					1c Effective da	te of plan 01/01/2015			
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E				entification Number 6-5168009			
TAHIR HAF	•	nce, country, and ZIP or foreign postal o	code (it foreign, see ins	tructions)	2c Sponsor's telephone number 718-651-9700				
					2d Business co	de (see instructions)			
21311 86TH QUEENS VI	AVENUE LLAGE, NY 11427				6	521111			
3a Plan a	dministrator's name	and address X Same as Plan Sponso	or.		3b Administrate	or's EIN			
					3c Administrate	or's telephone number			
		he plan sponsor or the plan name has on sor's name, EIN, the plan name and			4b EIN				
a Spons	or's name		The planting ment		4d PN				
C Plan N	lame								
5a Total	number of participant	ts at the beginning of the plan year			5a	1			
		ts at the end of the plan year			5b	1			
		h account balances as of the end of the			5c				
d(1) Tot	al number of active p	participants at the beginning of the plan	year		5d(1)	1			
		participants at the end of the plan year.			5d(2)	1			
		no terminated employment during the pl			5e	0			
		e or incomplete filing of this return/re							
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as wanted inplete.							
SIGN		ed/valid electronic signature.	02/26/2018	TAHIR HAFEEZ					
HERE	Signature of plan	lividual signing as plan administrator							

Date 02/26/2018

Date

TAHIR HAFEEZ

Filed with authorized/valid electronic signature.

SIGN

HERE

Enter name of individual signing as employer or plan sponsor

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6a b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 									
	If you answered "No" to either line 6a or line 6b, the plan cann		,					X Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the		-					(See instructions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year		
<u>.</u>	Total plan assets	7a		39507			(D) Elle	408294		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	23	39507				408294		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	11	25000			. ,			
	(1) Employers	8a(2)	12	0						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		43787						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						168787		
d	Benefits paid (including direct rollovers and insurance premiums	- 55								
	to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e			-					
f	dministrative service providers (salaries, fees, commissions) 8f 0									
<u>g</u>	Other expenses 8g 0									
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							0		
÷	Net income (loss) (subtract line 8h from line 8c)	8i						168787		
	Transfers to (from) the plan (see instructions)	8j								
9a	If the plan provides pension benefits, enter the applicable pension	footure co	ides from the List of Di	an Cha	ractorio	etic Co	dos in the inc	tructions:		
Ja	1A	reature co	des nom the List of the	an Cha	iacteri	Stile CO	ides in the ins	di delloris.		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Χ				
С	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Χ				
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.)					X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)									
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	X	es 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 ERISA?			Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter t Day		of the letter Year	ruling
lf y	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			
С	Enter the amount contributed by the employer to the plan for this 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			
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?		Yes	s 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 another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3)	PN(s)

SCHEDULE SB (Form 5500)

Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

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).

Single-Employer Defined Benefit Plan

Actuarial Information

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

	rension benefit Guaranty Corporation	File as a	an attachment to Form	5500 or	5500-SF.			
For	r calendar plan year 2017 or fiscal pla	n year beginning 01/	/01/2017		and endin	g 12/3	31/2017	
	Round off amounts to nearest doll							
-	Caution: A penalty of \$1,000 will be	assessed for late filing of t	this report unless reason	nable cau	se is establishe	d		
	Name of plan FAHIR HAFEEZ MD PC DEFINED BE	ENEELT DLAN			B Three-di	-		
	TARIK HAFEEZ WID PC DEFINED BE	INEFIT PLAIN			plan num	ber (PN) •	001
C F	Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500)-SF		D Employer	Identifica	ation Number (E	EIN)
1	TAHIR HAFEEZ MD PC					46-516	88009	
Ет	Гуре of plan: Х Single ☐ Multiple-	-A Multiple-B	F Prior year pl	an size: 🔀	100 or fewer	101-	500 More th	an 500
Р	art I Basic Information							
1	Enter the valuation date:	Month Da	ny <u>31</u> Year <u>2</u>	017				
2	Assets:							
	a Market value					. 2a		111894
	b Actuarial value					2b		111894
3	Funding target/participant count bre	eakdown		` '	Number of rticipants		sted Funding Target	(3) Total Funding Target
	a For retired participants and bene-	ficiaries receiving payment	t		0		0	0
	b For terminated vested participant	ts			0		0	0
	c For active participants				1		165424	165424
	d Total				1		165424	165424
4	If the plan is in at-risk status, check	the box and complete line	es (a) and (b)]			
	a Funding target disregarding pres	cribed at-risk assumptions	i		- 	4a		
	b Funding target reflecting at-risk a at-risk status for fewer than five of	assumptions, but disregard	ing transition rule for pla	ans that h	ave been in	4h		
5	Effective interest rate					5		6.03 %
6	Target normal cost					6		84272
-	tement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations. It combination, offer my best estimate of anticipated	In my opinion, each other assumption						
	SIGN Here						02/23/201	8
	S	ignature of actuary			_		Date	
TI	HEODORE ANDERSEN, M.A.A.A. M	ISPA					17-02034	.
	Туре с	or print name of actuary				Most i	ecent enrollme	nt number
Р	ENSION ASSOCIATES						203-356-03	06
	001 WEST MAIN STREET SUITE 23 TAMFORD, CT 06902	Firm name			Te	lephone	number (includ	ing area code)
	,	Address of the firm			_			
	actuary has not fully reflected any re uctions	egulation or ruling promulga	ated under the statute in	completi	ng this schedule	e, check	the box and see	e [

Page 2	? - ·
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P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
	•						(a) Ca	arryover balance		(b) F	refundir	ng bala	nce
7		•	0 , ,		able adjustments (line 13 fro			0					0
8				•	nding requirement (line 35 fr			0					0
9	Amount r	emaining	(line 7 minus line	8)				0					0
10	Interest o	n line 9 ເ	using prior year's	actual retu	rn of			0					0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	a Presen	t value o	f excess contribut	ions (line 3	38a from prior year)							5	829
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.23%										0			
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual												
					ar to add to prefunding balanc								0
												5	829
d Portion of (c) to be added to prefunding balance									0				
12	2 Other reductions in balances due to elections or deemed elections									0			
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0			
Р	Part III Funding Percentages												
14	14 Funding target attainment percentage								14	(67.64%		
15 Adjusted funding target attainment percentage									15	9	95.91%		
16					of determining whether carry						16		70.55%
17	If the curr	rent value	e of the assets of	the plan is	less than 70 percent of the	funding targe	t, enter suc	h percentage			17	(67.64%
P	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18	Contribut	ions mad	le to the plan for t	he plan ye	ar by employer(s) and emplo	oyees:							
(1	(a) Date MM-DD-YY		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount paid employer(s)	d by	(0	(c) Amount paid by employees		
0	6/18/2017	'		25000	0								
0	8/27/2017			25000	0								
1	0/29/2017	'		25000	0								
	7/23/2017			25000	0								
0	9/24/2017			25000	0								
						Totals ▶	18(b)		25000	18(c)			0
19	Discounte	ed emplo	ver contributions	– see instr	uctions for small plan with a	valuation dat	te after the l			, ,			
		•	•		num required contributions f			,	a				0
	b Contrib	outions m	ade to avoid rest	ictions adj	usted to valuation date			19	b				0
	C Contrib	utions all	ocated toward min	imum requi	ired contribution for current ye	ar adjusted to	valuation da	ate 19	Эс			12	7420
20			tions and liquidity		·								
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes	X No
	b If line 2	20a is "Ye	es," were required	I quarterly	installments for the current y	ear made in	a timely ma	ınner?				Yes	No
					nplete the following table as		•						
			, : 3		Liquidity shortfall as of end		of this plan y	ear					
-		(1) 1st			(2) 2nd		(3)	Brd			(4) 4th		

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost						
21	Discount	rate:		_							
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used				
	b Applica	able month (er	nter code)			21b	0				
22	Weighted	average retire	ement age			22	62				
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	ite				
Pa	art VI	Miscellane	ous Items								
24		•		arial assumptions for the current p	•		· ·				
25	Has a me	thod change b	peen made for the current plar	n year? If "Yes," see instructions r	egarding required attach	ment	Yes X No				
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ittachmen	tYes X No				
27				r applicable code and see instruct		27					
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
				ears		28	0				
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribu	tions from prior years	29	0				
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)						0				
Pa	30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)										
31	Target no	ormal cost and	d excess assets (see instruction	ns):							
	a Target r	normal cost (li	ne 6)			31a	84272				
	b Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	0				
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce Installment					
	a Net sho	ortfall amortiza	tion installment			53530	9437				
					1	0	0				
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter grant) and the waived amount	ing the approval	33					
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	93709				
				Carryover balance	Prefunding balan	ice	Total balance				
35			e to offset funding								
36	Additiona	I cash require	ment (line 34 minus line 35)			36	93709				
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	127420				
38	Present v	alue of excess	s contributions for current year	r (see instructions)							
			•			38a	33711				
	b Portion	included in lin	ne 38a attributable to use of pr	efunding and funding standard ca	rryover balances	38b	0				
39	Unpaid m	inimum requir	ed contribution for current yea	ar (excess, if any, of line 36 over line	ne 37)	39	0				
40	Unpaid m	inimum requir	ed contributions for all years			40	0				
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010) (See Instructions	5)					
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:							
	a Schedu	le elected					2 plus 7 years 15 years				
	b Eligible plan year(s) for which the election in line 41a was made						08 2009 2010 2011				
42	Amount o	f acceleration	adjustment			42	<u> </u>				
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43					

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

2017

This Form is Open to Public Inspection

Annual Report Identification Information						
For calendar plan year 2017 or fiscal plan year beginning 01/01/2	017 and ending	12/31/20	017			
A This return/report is for: a one-participant plan B This return/report is: a one-participant plan the first return/report the final return		n accordance with t	this box must attach the form instructions.)			
C Check box if filling under: Form 5558	ension	DFVC	program			
Partil Basic Plan Information — enter all requested information						
1a Nameofplan Tahir Hafeez MD PC Defined benefit Plan		1b Three-dig plan num (PN) ► 1c Effective 01/01/	001 date of plan			
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign,	see instructions)	2b Employer Identification Number (EIN) 46-5168009				
Tahir Hafeez MD PC		2c Sponsor's telephone number (718) 651-9700				
21311 86th Avenue		2d Business 621111	code (see instructions)			
US Queens Village NY 11427			•			
3a Plan administrator's name and address X Same as Plan Sponsor		3b Administr	rator's EIN rator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the this plan, enter the plan sponsor's name, EIN, the plan name and the plan number		4b EIN				
a Sponsor's name C Plan Name	from the last return/report.	4d PN				
5a Total number of participants at the beginning of the plan year			1			
b Total number of participants at the end of the plan year		5b	1			
C Number of participants with account balances as of the end of the plan year (only complete this item)	defined contribution plans	5c				
d(1) Total number of active participants at the beginning of the plan year	***************************************	5d(1)	1			
d(2) Total number of active participants at the end of the plan year		5d(2)	1			
Number of participants who terminated employment during the plan year with accides than 100% vested		. 5e	0			
Caution: A penalty for the late or incomplete filing of this return/report will be as	sessed unless reasonable c	eusa is astablish	ed .			

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.

SIGN 4442	2/26/18	Tahir Hafeez
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGNI Jajas	2/26/18	Tahir Hafeez
MERE Signature of employer/plan sponsor	Date	Enter name of Individual signing as employer or plan sponsor

Form 5500-SF 2017		Page 2							
Were all of the plan's assets during the plan year Invested in eligible	assets? (See instructions.)			*******				′es ∐No
Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n independ nd conditio	dent qualified public account							— ′es ∐No
				7 .		Yes	X	No 🔲 N	ot determine
If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year	_					_ (See in:	structions.)
ittille Financial Information									
Plan Assets and Liabilities	Parks.	(a) Beginning of	Year				(b) E	nd of Year	г
Total plan assets	7a	23	9,507	,				4	08,294
Total plan liabilities	7b								
Net plan assets (subtract line 7b from line 7a)	7c		9,507	,				4	08,294
Income, Expenses, and Transfers for this Plan Year		(a) Amount					(E	o) Total	-
	B-/4)	12	5 000	1					
					ENG.				ON ACCES
					10870		en e		
		Δ	3.787		ACCEPTANT SECTION				
			M.M.M.M	ALC: N	6-29-77	HOUSE STATES	Y THE SHAPES	1	en zoz
Benefits paid (including direct rollovers and insurance premiums		Twite-governier gegenter gebonele er der schalb in statisfolië af dat	x4121841459747474	4000000	新数据		er a Suck		68,787
	8d				344		- C. C.	20,700	
	. 8e				882	AND			
Administrative service providers (salaries, fees, commissions)	8f		0						
Other expenses	8g	(4-500 in 1) of communications are investigated upon the party with	Constant description of		200			3 4 1 1 1 1 1	
	8h								0
.''					168,787				68,787
WWW.	8 j				***				
	eature code	es from the List of Plan Cha	əracteri	stic	Code	es in th	e instru	ictions:	
IIII E II						_			
If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	from the List of Plan Char	actoris	tic C	odes	in the	instruc	ctions:	
Compliance Questions	•								
During the plan year:			Y	es	Νo	NA		Amou	nt
		·							
	•	· 1							
			10a	\dashv	ж.	A 90 10 6			
reported on line 10a.)		nclude transactions	10Ь		х				
			10c		х				
Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused		T	x	CHARL.			
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					x			 .	
				\dashv	x	THE ST			
<u> </u>					×				
	See Instru	ctions and 29 CFR	10h				Win		
If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the							
	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 a under 29 CFR 2520.104-467 (See instructions on waiver eligibility at If you answered "No" to elither line 6a or line 6b, the plan cannot fit he plan is a defined benefit plan, is it covered under the PBGC in if "Yes" is checked, enter the My PAA confirmation number from the "Yes" is checked, enter the My PAA confirmation number from the "Total plan assets and Liabilities" Total plan assets and Liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Nat income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) It he plan provides pension benefits, enter the applicable pension fees Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See Instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a). Was the plan covered by a lidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	Were all of the plan's assets during the plan year Invested in eligible assets? (Are you claiming a waiver of the annual examination and report of an indepen under 29 CFR 2520.104-46? (See instructions on waiver eligibility and condition of the plan is a defined benefit plan, is it covered under the PBGC insurence pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the PBGC in the PBGC pr if "Yes" is checked, enter the My PAA confirmation number from the PBGC pr if "Yes" is checked, enter the plan's fidelity bond or discount of the plan have a loss, whether or not reimbursed by the plan's fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond in the plan and participant contributions within described in 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntery Fite Program) Was there a failure to transmit to the plan any participant contributions within described in 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntery Fite Program) Was there a failure to transmit to the plan any participant contributions within described in 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntery Fite Program) Was the p	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accounter 29 CFR 250.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 5a or line 6b, the plan cannot use Form 5500-SF and must instif the plan is a defined benefit plan, is it covered under the PBGC insurence program (see ERISA section if "yes" is checked, enter the My PAA confirmation number from the PBGC pramium filling for this year article. Financial Information Plan Assets and Liabilities (a) Beginning of Total plan essets Total plan issets 7a 23 Total plan issets 7b 7c 23 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: (b) Employers 8a(1) (c) Participants 8a(2) (d) Others (including rollovers) 8a(3) Other (including rollovers) 8a(3) Other (including rollovers) 8a(3) Other (including rollovers) 8b 4 Administrative service providers (salaries, fees, commissions) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c Certain deemed and/or corrective distributions (see instructions) 8c Administrative service providers (salaries, fees, commissions) 8d Certain deemed and/or corrective distributions (see instructions) 8d Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Transfers to (from) the plan (see instructions) 8h Nat Income (loss) (subtract line 8h from line 8c) 8g Transfers to (from) the plan (see instructions) 8h Nat Income (loss) (subtract line 9h from line 8c) 1 and 1	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (if under 29 CFR 250.104-46? (See instructions on waiver eligibility and conditions.) If you answerd "No" to either line 6 and rine 6, the plan cannot use Form 5500-5F and must instead use if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021) if "Yos" is checked, enter the My PAA confirmation number from the PBGC premium filling for this year attribute. Financial Information Plan Assets and Liabilities (a) Beginning of Year Total plan assets (subtract line 75 from line 76) Total plan assets (subtract line 75 from line 76) Total plan assets (subtract line 75 from line 76) Total plan assets (subtract line 75 from line 76) Total plan assets (subtract line 75 from line 76) Total plan assets (subtract line 75 from line 76) Total plan assets (subtract line 75 from line 76) Total plan seceived or receivable from: (1) Employers 8a(1) 125,000 (2) Participants 8a(2) (3) Others (including rotovers) 8a(3) Others (including rotovers) 8a(3) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 43.787 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rotovers and insurance premiums to provide benefits) Certain deemed anytor corrective distributions (see instructions) 8c Certain deemed anytor corrective distributions (see instructions) 8d Certain deemed anytor corrective distributions (see instructions) 8d Transfers to from) the plan (see instructions) 9d 10a Transfers to from) the pla	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IGPA under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) If you answered "No" to either fine Sar or line 64, the plan cannot use Form 5500-5F and must instead use Fc if the plan is a defined benefit plan, is it covered under the PBGC insurence program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 8 ao r line 64, the plan cannot use Form 5500-5F and must instead use Form 51 flar plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA saction 4021)? If "Yes" is checked, effect the My PAA confirmation pumber from the PBGC prenium filing for this year ###################################	Were all of the plan's assess during the plan year invested in eligible assets? (See instructions.) Are you clinking a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CFR 2320-104-48? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line & or line 6b, the plan cannot use Porn 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ———————————————————————————————————	Were all of the plan's assets during the plan year invested in digible assets? (See Instructions.) Are you defining a waver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CFR 2502.104-148? (See Instructions on waver efgibility and conditions.) If you answered "No" to either line to a rine 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Were all of the plan's assets during the plan year invested in digible assets? (See instructions.) Are you defining a waiver of the annual examination and report of an independent qualified public accountant (IGPA) Life you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If you answered Italiance (b) Form 100 or 70 or

	Form 5500-SF 2017 Page 3 -						
Par	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)	complete Sch	edule :	5B	X Ye	s	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 CERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or section	n 302 d	of	☐ Ye	s 🟋	No
a ————————————————————————————————————	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver	Ionth			of the lette Year_	ər ruling	7
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		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	************************		Yes 🗔] No [] N/A	
Par	Plan Terminations and Transfers of Assets				,		
_13a	t Has a resolution to terminate the plan been adopted in any plan year?	******		Yes	ΧV	lo.	
	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 brou control of the PBGC?	_			Yes 🗓	No	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See Instructions.)	tify the plan(s) to				
1;	3c(1) Name of plan(s):	13c(2) Ei	N(5)		13c(3) PN(s)	

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

Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001 For the plan year 01/01/2017 through 12/31/2017

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

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

For the plan year 01/01/2017 through 12/31/2017 Valuation Date: 12/31/2017

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	06/18/2017	\$25,000					
Applied to Quarterly Contribution	04/15/2017	21,085	21,583	0	21,085	6.03	11.03
Applied to Quarterly Contribution	07/15/2017	3,915	4,040	0	3,915	6.03	0
Deposited Contribution	07/23/2017	\$25,000					
Applied to Quarterly Contribution	07/15/2017	17,170	17,601	0	17,170	6.03	11.03
Applied to Quarterly Contribution	10/15/2017	7,830	8,035	0	7,830	6.03	0
Deposited Contribution	08/27/2017	\$25,000					
Applied to Quarterly Contribution	10/15/2017	13,255	13,526	0	13,255	6.03	0
Applied to Quarterly Contribution	01/15/2018	11,745	11,985	0	11,745	6.03	0
Deposited Contribution	09/24/2017	\$25,000					
Applied to Additional Contribution	12/31/2017	8,325	8,457	0	0	6.03	0
Applied to MRC	12/31/2017	7,335	7,451	0	0	6.03	0
Applied to Quarterly Contribution	01/15/2018	9,340	9,488	0	9,340	6.03	0
Deposited Contribution	10/29/2017	\$25,000					
Applied to Additional Contribution	12/31/2017	25,000	25,254	0	0	6.03	0
Totals for Deposited Contribution		\$125,000	\$127,420	\$0	\$84,340		

Schedule SB, line 32 - Schedule of Amortization Bases

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

For the plan year 01/01/2017 through 12/31/2017

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2016	33,293	Shortfall	29,559	6	5,501
	12/31/2017	23,971	Shortfall	23,971	7	3,936
Totals:				\$53.530		\$9.437

Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2017 through 12/31/2017

Employer: Tahir Hafeez MD PC Defined Benefit Plan

Type of Entity - S Corporation

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

Dates: Effective - 01/01/2015 Year end - 12/31/2017 Valuation - 12/31/2017

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

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

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

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

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

Employee Classification Benefit Formula

001 4% of average monthly compensation per year of participation beginning year 1

limited to 10 year(s) minus Floor Offset

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

1 limited to 50 year(s) minus Floor Offset

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$215,000

Maximum 401(a)(17) compensation - \$270,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2017 through 12/31/2017

Vesting Schedule:

ears/	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.04
Segment 2	6 - 20	4.03
Segment 3	> 20	4.82

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

	▶ File as an attachm	ent to Form 5500 or	5500-SF.							
For cale	endar plan year 2017 or fiscal plan year beginning 01/01	./2017	and ending	g 12,	/31/20	17				
▶ 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.										
A Nam	A Name of plan B Three-digit									
Tahir	Hafeez MD PC Defined benefit Plan		plan numb	er (PN)	Þ	001				
C Plan	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)									
Tahir	Hafeez MD PC		46-5168009							
Е Туре	of plan: X Single Multiple-A Multiple-B	Prior year plan size:	X 100 or fewer]101-5	00 🔲	More than 500				
Part	Basic Information				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************				
1 Er	ter the valuation date: Month 12 Day 31	Year <u>2017</u>								
2 As	sets:									
a	Market value			2a		111,894				
b	Actuarial value			2b		111,894				
3 Fu	nding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ		g	(3) Total Funding Target				
a	For retired participants and beneficiaries receiving payment	0			0	0				
_	For terminated vested participants	0			0					
	For active participants	1		165,424 16						
	Total	1		165	,424	165,424				
	he plan is in at-risk status, check the box and complete lines (a) and	d (b)								
a i	Funding target disregarding prescribed at-risk assumptions			4a						
b	Funding target reflecting at-risk assumptions, but disregarding trans at-risk status for fewer than five consecutive years and disregarding		have been in	4b	,,,,,,,,,					
5 Ef	fective interest rate			5		6.03 %				
6 Ta	rget normal cost			6		84,272				
	ent by Enrolled Actuary					The state of the s				
accordar	est of my knowledge, the information supplied in this schedule and accompanying schedul nce with applicable law and regulations. In my opinion, each other assumption is reasonab lion, offer my best estimate of anticipated experience under the plan.									
U3960 A000 01:000	SIGN (02/23/2018)									
Signature of actuary Date										
Theodore Andersen, M.A.A.A. MSPA 17-02034										
Type or print name of actuary Most recent enrollment number										
Pension Associates (203) 356-0306										
	Firm name		Tel	ephone	number	(including area code)				
	2001 West Main Street Suite 230									
	US Stamford CT 06902									
	Address of the firm									
If the act	uary has not fully reflected any regulation or ruling promulgated und	er the statute in comp	leting this schedu	le, chec	k the bo	x and see				

	<u>s</u>	schedule S	B (Form 5500) 2017		Page 2						
Pa	rt II	Begin	ning of Year Carryov	er and Prefunding Ba	alances						
		- 3	<u> </u>	<u> </u>		(a) C	Carryover balance)	(b) P	refund	ing balance
7				icable adjustments (line 13 f				0			C
8				funding requirement (line 35							
			. ,	······································				0			C
9	Amour	nt remainin	ng (line 7 minus line 8)					0			C
_10			<u> </u>	turn of5.00%				0			С
11	•		ss contributions to be adde					L			
			`	e 38a from prior year)							5,829
	` '		the excess, if any, of line 3 SB, using prior year's effect	8a over line 38b from prior y ve interest rate of 6.2	ear 23 %						C
	b(2) I	nterest on	line 38b from prior year Sc	hedule SB, using prior year's	actual						
	r	return	•••••	• • • • • • • • • • • • • • • • • • • •							C
			0 0 1	an year to add to prefunding							5,829
				palance							C
				s or deemed elections				0	(
				+ line 10 + line 11d - line 12)	•••••			0			С
	rt III		ding Percentages							44	
-									-	14 15	67.64 %
				ges of determining whether care					•••••		95.91 %
				·····						16	70.55 %
_17	If the c	urrent valu	ue of the assets of the plan	is less than 70 percent of the	e funding targe	et, enter s	such percentage	•••••	•••••	17	67.64 %
Pa	rt IV	Con	tributions and Liquid	lity Shortfalls							
18				vear by employer(s) and emp					1		
(MI	(a) Dat M-DD-Y		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) [(MM-DD-	Date -YYYY)	(b) Amour employ		(ount paid by Joyees
06/	18/20	17	25,000		07/23/	2017		25,000	0		
08/	27/20)17	25,000		09/24/	2017		25,000	0		
10/	29/20	17	25,000								
					Totals ▶	18(b)		125,000	18(c)		
10	Discou	inted empl	over contributions see in	structions for small plan with		, ,	he heginning of th		0 . 5(3)	<u> </u>	0
13				nimum required contributions				19a			0
			·	djusted to valuation date .	•			19b			
				required contribution for curre			uation date	19c			127,420

(3)

3rd

(4)

4th

Liquidity shortfall as of end of quarter of this plan year

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

(2)

2nd

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

20 Quarterly contributions and liquidity shortfalls:

(1) 1st

P	art V	Assumption	ons Used To Determine	Funding Target and Targ	jet Normal Cost		
21	Disco	unt rate:					
	a Se	gment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	0	N/A, full yield curve used
	b Ap	plicable month	(enter code)	• • • • • • • • • • • • • • • • • • • •		21b	0
22	Weigh	nted average re	tirement age			22	62
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI	Miscellane	eous items				
24		-	•	uarial assumptions for the current	•		
25				an year? If "Yes," see instructions			
27						attacnmen	t Yes X No
			_	er applicable code and see instruc		27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years		
_28	Unpai	id minimum req	uired contributions for all prior	years		28	0
29				I unpaid minimum required contrib	. ,	29	0
30				ntributions (line 28 minus line 29)		30	0
Pa	rt VIII	Minimum	Required Contribution	For Current Year			
31	Targe	et normal cost a	nd excess assets (see instructi	ions):			
	a Tar	get normal cost	(line 6)	• • • • • • • • • • • • • • • • •		31a	84,272
	b Exc	ess assets, if a	pplicable, but not greater than	line 31a		31b	0
32	32 Amortization installments: Outstanding Balance Installment						
	a Net	shortfall amorti	ization installment	• • • • • • • • • • • • • • • • • • • •		53,530	9,437
	b Wai	iver amortizatio	n installment	• • • • • • • • • • • • • • • • • • • •		0	0
33				ter the date of the ruling letter gran) and the waived amount .		33	
34	Total t	funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	93,709
				Carryover balance	Prefunding Bala	nce	Total balance
35			use to offset funding				
36			I			36	93,709
37	Contri	ibutions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37	127,420
38	(line 19c)						
	_					38a	33,711
						38b	0
39	20						0
		·	uired contributions for all years	, , , , , , , , , , , , , , , , , , , ,	,	40	0
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010		5)	
41	If an el	ection was mad	de to use PRA 2010 funding re	lief for this plan:			
	a Schedule elected						
	b Elig	ible plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011
42			·			42	
43	Excess	s installment ac	celeration amount to be carried	d over to future plan years		43	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

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

For the plan year 01/01/2017 through 12/31/2017

Valuation Date: 12/31/2017

Funding Method: As prescribed in IRC Section 430

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

Retrospective Compensation - Highest 3 consecutive years of service

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

permitted under IRC 430(h)(2)(C)

Segment rates for the Valuation Date as

Interest Rates -

pointage under into 100(ii)(2)(0)								
Segment #	Year	Rate %						
Segment 1	0 - 5	1.79						
Segment 2	6 - 20	3.70						
Segment 3	> 20	4.56						

 Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

 Segment #
 Year
 Rate %

 Segment 1
 0 - 5
 4.16

 Segment 2
 6 - 20
 5.72

> 20

6.48

Segment 3

Pre-Retirement - Mortality Table - None

Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 17C - 2017 Combined

Cost of Living - None

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 100% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older