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).

2017

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification information	<u> </u>							
For calend	dar plan year 2017 or fi	iscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017				
A This re	eturn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		-			
		a one-participant plan		oreign plan	,			,		
B This ref	turn/report is	the first return/report	the	final return/report						
		an amended return/report	a sł	nort plan year return	/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	ш	tomatic extension		DFVC	program			
		special extension (enter descr	· ·							
Part II	Basic Plan Info	ormation—enter all requested inf	nformatio	n						
1a Name	•	. KUSNETZ PC DEFINED BENEF	FIT PLAN	I			ree-digit n number N) •	001		
						1c Eff	ective date o	f plan 1/2012		
Mailin	ig address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b Em (EII		fication Number		
-	r town, state or provinc OFFICE OF MARCIA E	ce, country, and ZIP or foreign post . KUSNETZ PC	tal code	(if foreign, see instru	uctions)	2c Sp	onsor's telep	hone number 1-2114		
2 INTERNA SUITE 1700	2d Business code (see instructions) INTERNATIONAL DRIVE									
	K, NY 10573									
3a Plan a	administrator's name a	nd address X Same as Plan Spor	onsor.			3b Adı	ministrator's	EIN		
						3c Adı	ministrator's t	elephone number		
this p	olan, enter the plan spo	e plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN				
C Plan I	sor's name Name					4d PN				
5a Total	number of participants	s at the beginning of the plan year				5a		1		
_		s at the end of the plan year				5b		1		
		account balances as of the end of	•		· ·	5c				
d(1) To	tal number of active pa	articipants at the beginning of the pl	olan year.			5d(1)		1		
d(2) To	tal number of active pa	articipants at the end of the plan yea	ear			5d(2)		1		
than	100% vested	terminated employment during the				5e		0		
Under per SB or Sch	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN		I/valid electronic signature.		09/19/2018	DANIEL RICHARDS					
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signin	g as plan adr	ministrator		
SIGN										
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individe	ual signin	g as employe	er or plan sponsor		

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public a	ccount	ant (IQ	(PA)		X Yes No X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann						_	
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 th	ie PBGC p	remium filing for this p	ian yea	r			. (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	. 7a	109	97947				1352863
b	Total plan liabilities	. 7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	109	97947				1352863
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) -	Гotal
а	Contributions received or receivable from: (1) Employers	. 8a(1)	17	75000				
	(2) Participants	. 8a(2)						
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b	7	79916				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						254916
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						254916
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the instr	uctions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	100		X		
b	Program)			10a		^		
	reported on line 10a.)			10b		Χ		
С				10c	X			40000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ		
е	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.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	71 1	-		10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h				
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				

Form 5500-SF 2017 Page 3	-	1	1		
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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 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

Fc	r calendar p	lan year 201	7 or fiscal plan ye	ear beginning 01	/01/2017		and endin	g 12/3	31/2017		
•	Round off	amounts to	nearest dollar.								
•	Caution: A	penalty of \$	1,000 will be ass	essed for late filing of	this report unless reasor	nable cause	is establishe	d.			
	Name of pla					E	Three-dig	git			
	THE LAW C	FFICE OF M	IARCIA E. KUSN	NETZ PC DEFINED BE	ENEFIT PLAN		plan num	ber (PN) •		001
С	Plan sponso	n's name as	shown on line 2a	a of Form 5500 or 5500	n-SF) Employer	Identific	ation Numbe	r (F	IN)
	•		IARCIA E. KUSN			-	Linployor	32-033		. (
								02 000	30100		
Ε	Type of plan	X Single	Multiple-A	Multiple-B	F Prior year pla	an size: X	100 or fewer	101-	500 Mor	e tha	an 500
F	Part I	Basic Info	rmation			<u>—</u>		<u>'—</u>	<u> </u>		
1		valuation da		Month 12 Da	ay <u>31</u> Year <u>20</u>)17					
2	Assets:										
	a Market	value						. 2a			1177863
	b Actuari	al value						2b			1177863
3	Funding t	arget/particip	ant count break	down		` '	mber of ipants		sted Fundino Target	3	(3) Total Funding Target
	a For reti	red participa	nts and beneficia	ries receiving paymen	t	-	0		-	0	0
	b For ter	minated vest	ed participants				0			0	0
	c For act	ve participan	ts				1		9516	28	951628
	d Total						1		9516	28	951628
4	If the plan	is in at-risk	status, check the	box and complete line	es (a) and (b)						
	a Fundin	g target disre	garding prescrib	ed at-risk assumptions	S			4a			
					ling transition rule for pla regarding loading factor .			4b			
5	Effective	interest rate .						5			5.72 %
6	Target no	rmal cost						6			190326
Sta	-	Enrolled Act	•								
	accordance wit	h applicable law a	and regulations. In my		anying schedules, statements an on is reasonable (taking into acc						
	SIGN										
	HERE								09/17/2	2018	3
			Signa	ature of actuary					Date		
[DANIEL F. R	ICHARDS							17-03	990	
			Type or p	rint name of actuary				Most i	recent enroll	men	t number
F	PENSION &	PROFIT SHA	ARING PLANNIN	IG					646-524	-870)7
		WAY, 37TH F		Firm name			Te	elephone	number (inc	ludir	ng area code)
r	NEW YORK,	NT 102/1									
			Add	ress of the firm							
If th	e actuarv ha	s not fully ref	lected any regula	ation or ruling promulg	ated under the statute in	completing	this schedule	e. check	the box and	see	П
	ructions			or raining promiting				-, J.100K	25% and	230	

Page	2 -	ľ
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P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
							(a) C	arryover balance		(b) P	refundir	ng balance
7		•	0 , ,		able adjustments (line 13 fr			0				0
8				,	nding requirement (line 35			0				0
9	Amount i	remaining	g (line 7 minus line	8)				0				0
10	Interest of	on line 9 ເ	using prior year's	actual retu	rn of <u>5.57</u> %			0				0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)							217552
	b(1) Into Sch	erest on t nedule SE	he excess, if any, B, using prior year	of line 38a 's effective	over line 38b from prior ye interest rate of	ear _%						12422
	b(2) Inte	erest on I	ine 38b from prior	year Sche	dule SB, using prior year's	actual						
					ar to add to prefunding balan							
			0 0	. ,								229974
	a Portion	n of (c) to	be added to prefi	unding bala	ance							0
12	12 Other reductions in balances due to elections or deemed elections										0	
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)										0	
Part III Funding Percentages												
14 Funding target attainment percentage											14	123.77%
15	Adjusted	funding t	arget attainment ¡	percentage							15	123.77%
16					of determining whether carr				reduce c	urrent	16	112.17%
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter suc	ch percentage			17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contribut	tions mad			ar by employer(s) and emp	loyees:						
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount pa employer(s		(с	Amour emplo	nt paid by ovees
	2/09/2018		, ,	50000	1 /		,	, ,	,			,
C	8/28/2018	3		125000								
						Totals ►	18(b)		175000	18(c)		0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	a valuation da	ate after the	, , , , , , , , , , , , , , , , , , ,				
					num required contributions				19a			0
b Contributions made to avoid restrictions adjusted to valuation date										0		
					red contribution for current y	ear adjusted to	o valuation d	ate1	19c			170207
20	-		tions and liquidity									
			<u>-</u>		e prior year?							Yes X No
				-	installments for the current		a timely ma	anner?			<u> </u>	Yes No
	C If line	20a is "Ye	es," see instruction	ns and con	nplete the following table as							
		(1) 1st	<u> </u>		Liquidity shortfall as of er (2) 2nd	nd of quarter o		year 3rd			(4) 4th	
		(1) 13	•		(-)		(0)	···		'	(.) -111	

P	art V	Assumpti	ons Used to Dete	rmine	e Funding Target an	d Targ	et Normal Cost						
21	Discount	rate:											
	a Segme	ent rates:	1st segment: 4.16%		2nd segment: 5.72%		3rd segment: 6.48 %			N/A, fu	ll yie	eld cur	ve used
-	b Applica	able month (er	nter code)					21	b			0	
22	Weighted	l average retire	ement age					22	2			62	
23	Mortality	table(s) (see i	instructions)	Pres	cribed - combined	Presc	ribed - separate	Sub	stitute				
Pá	art VI	Miscellane	ous Items										
24		Ū	•		arial assumptions for the c	•	•					_	es X No
											<u>'</u>		
25	Has a me	thod change b	peen made for the curre	ent plar	n year? If "Yes," see instru	uctions re	garding required attach	ment.				Ye	es 🔀 No
26	Is the pla	n required to p	provide a Schedule of A	ctive P	Participants? If "Yes," see	instructio	ns regarding required a	ttachr	ment			X Ye	es No
27					r applicable code and see			27	,				
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years												
28	Unpaid m	ninimum requir	ed contributions for all	prior ye	ears			28	3				0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior year (line 19a))				0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)							30)				0
Pa	art VIII	Minimum	Required Contrib	ution	For Current Year								
31	Target no	ormal cost and	d excess assets (see ins	structio	ns):								
	a Target i	normal cost (li	ne 6)					31	а			1	190326
	b Excess	assets, if app	licable, but not greater	than lir	ne 31a			31	b			1	190326
32	Amortiza	tion installmen	ts:				Outstanding Bala	nce		Ir	ıstal	lment	
									0				0
							_	()				0
33					er the date of the ruling lett) and the waived ame			33	3				
34	Total fund	ding requireme	ent before reflecting car	ryover/	prefunding balances (lines	s 31a - 3	1b + 32a + 32b - 33)	34					0
					Carryover balance)	Prefunding balan	ice		То	tal b	alanc	е
35			e to offset funding			0		0					0
36	•							36	;				0
37	Contribut	ions allocated	toward minimum requir	ed con	ntribution for current year a	djusted t	o valuation date (line	37				1	170207
38			s contributions for curre						l l				
					,			38	а			1	170207
	a Total (excess, if any, of line 37 over line 36)												
39					ar (excess, if any, of line 36			39)				0
40							•	40					0
	art IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)												
41	If an elect	tion was made	to use PRA 2010 fund	ing relie	ef for this plan:		•	-					
	a Schedu	ıle elected							2	plus 7 yea	rs	1	5 years
	b Eligible	plan year(s) f	or which the election in	line 41	la was made				2008	2009	2	010	2011
42	Amount o	f acceleration	adjustment					42	2				
43	Excess in	stallment acce	eleration amount to be o	arried	over to future plan years.			43	3				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Repor	t Identification informatio	n 01/01/2017 and ending	12/31/2017
For calendar plan year 2017 of		a multiple-employer plan (not multiemployer	
A This return/report is for:		list of participating employer information in a foreign plan	accordance with the form instructions.)
B This return/report is	the first return/report	the final return/report	
	an amended return/report	a short plan year return/report (less than 12	months)
C Objects have the filter and one	<u> </u>		
C Check box if filing under:	X Form 5558	automatic extension	DFVC program
Deut II Deute Diese Ind	special extension (enter des		
	ormation—enter all requested	njomation	1b Three-digit
1a Name of plan The Law Office of I	Marcia E. Kusnetz PC	Defined	plan number
Benefit Plan			(PN) 001 1c Effective date of plan
		,	01/01/2012
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)	2b Employer Identification Number
Mailing address (include ro	om, apt., suite no. and street, or P	.O. Box) stal code (if foreign, see Instructions)	(EIN)32-0339103
The Law Office of	Marcia E. Kusnetz	•	2c Sponsor's telephone number (914) 864-2114
PC			2d Business code (see instructions)
2 International Dr	ive	•	
Suite 1700		NY 10573	541110
Rye Brook 3a Plan administrator's name	and address X Same as Plan Sp		3b Administrator's EIN
4 If the name and/or EIN of this plan, enter the plan sp	he plan sponsor or the plan name lonsor's name, EIN, the plan name	has changed since the last return/report filed for and the plan number from the last return/report.	4b EIN
a Sponsor's name			4d PN
C Plan Name			
5a Total number of participan	ts at the beginning of the plan yea	r	5a
b Total number of participan	ts at the end of the plan year	***************************************	1 1
C Number of participants with	h account balances as of the end	of the plan year (only defined contribution plans	5c
		plan year	
d(2) Total number of active	participants at the end of the plan	year	
	no terminated employment during	the plan year with accrued benefits that were less	5e
Caution: A nonaity for the lat	e or incomplete filing of this ret	urn/report will be assessed unless reasonable	cause is established.
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enfolled actuary	ructions, I declare that I have examined this return, as well as the electronic version of this return/re	port, and to the best of my knowledge and
SIGN X	2 9. 1(W)	√ 9/18/4 Marcia E. Ku	snetz
HERE Signature of plan			vidual signing as plan administrator
SIGN ////	- 2. Recy/1	7/8/18 Marcia E. Ku	
HERE Signature of emp	loyer/plan sponsor		vidual signing as employer or plan sponso Form 5500-SF (201
For Paperwork Reduction Act No	tice, see the Instructions for Form 5	ouv-ar.	v.1702

	Form 5500-SF 2017		Page 2						
						_			
	Were all of the plan's assets during the plan year invested in eligib							X	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	endent qualified public a	account	ant (IC	QPA)		🗓 Ye	s \square No
	If you answered "No" to either line 6a or line 6b, the plan cann								- Ц
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	oremium filing for this p	lan yea	r			(See insti	ructions.)
Da	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	. [(b)	End of Year	
	Total plan assets	7a	 	097,			<u> </u>		352,863
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	097,	947			1,3	352 , 863
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from:			176	000				
	(1) Employers	8a(1)		175,	000				
	(2) Participants	8a(2) 8a(3)					* **		-
	Other income (loss)	8b		79,	916				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	254,916
	Benefits paid (including direct rollovers and insurance premiums								······································
	to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>_t</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							254,916
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_				.04,010
,	rt IV Plan Characteristics	8j						·	
9a	If the plan provides pension benefits, enter the applicable pension	feature c	odes from the List of Pl	an Cha	racteri	stic Co	des in the	e instructions:	
	1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Char	acteris	tic Cod	les in the	instructions:	
5	ty Compliance Questions								
Par					Yes	No		Amount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	in the time period	<u> </u>	103	110		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary l	Fiduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				40,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			

10e

10g

Χ

Χ

Χ

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

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.....

_	 1
Page 3 -	
i agc 🗸	 1

Form 5500-SF 2017

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)	edule S	SB X Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of	f Yes X No
	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	the date of the letter ruling yYear
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	
	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			
	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 another plan, or brought under the control of the PBGC?		Yes 🛛 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 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

For calendar plan year 2017 or fiscal plan year beginning	01/01/2017	and endin	g	12/3	1/2017
Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of	this report unless reasona	ble cause is establishe	d.		
A Name of plan		B Three-di	git		
The Law Office of Marcia E. Kusnetz PC	Defined Benefi	t Plan plan nu n	nber (PN) 🕨	001
C 2)	0.05		1.1	-4: Ntt /F	-11.6
C Plan sponsor's name as shown on line 2a of Form 5500 or 550	0-SF	D Employer 32-033		ation Number (E	:IN)
The Law Office of Marcia E. Kusnetz		32-033	9103		
E Tour falls Dictary Districts A Districts D	E Drienvices plan	size: X 100 or fewer	 ☐ 101-	500 D Maria 46	F00
E Type of plan: ☑ Single ☐ Multiple-A ☐ Multiple-B	r Prior year plan	size: X 100 or lewer	101-	500 More th	ian 500
Part I Basic Information	LL L LONGRE MANNETON .				
1 Enter the valuation date: Month 12 Date 1	ay <u>31</u> Year <u>2</u>	017_		·	
2 Assets:					
a Market value			. 2a		1,177,863
b Actuarial value			. 2b		1,177,863
3 Funding target/participant count breakdown		(1) Number of	, ,	sted Funding	(3) Total Funding
• For estimate and bounding and provide		participants		Target	Target
a For retired participants and beneficiaries receiving paymer		0		0	0
b For terminated vested participants		0		0	0
C For active participants		1		951,628	951,628
d Total		1		951,628	951,628
4 If the plan is in at-risk status, check the box and complete line	es (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions	S		4a		
b Funding target reflecting at-risk assumptions, but disregard			4b		
at-risk status for fewer than five consecutive years and dis			40		
5 Effective interest rate					5.72 %
6 Target normal cost		***************************************	6		190,326
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accomp accordance with applicable law and regulations. In my opinion, each other assumpt	anying schedules, statements and ion is reasonable (taking into accou	attachments, if any, is complet nt the experience of the plan a	e and accui nd reasona	ate. Each prescribed ble expectations) and	assumption was applied in such other assumptions, in
combination, offer my best estimate of anticipated experience under the plan.	()	····			
SIGN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Λ				
HERE Number 7. UM	<u> </u>			09/17/20	18
Signature of actuary				Date	
Daniel F. Richards				17-0399	0
Type or print name of actuary			Most r	ecent enrollmer	nt number
Pension & Profit Sharing Planning			(646)524-8	3707	
Firm name		Te	lephone	number (includ	ing area code)
120 Broadway, 37th Floor					
AT	NIV 10071				
New York Address of the firm	NY 10271				
				Mar Inc.	
If the actuary has not fully reflected any regulation or ruling promulg	lated under the statute in c	ompleting this schedule	e, cneck	the box and see	9 11

instructions

Page 2	2 -
--------	-----

P	art II	Regin	ning of Year (Carryove	er and Prefunding Ba	lances							
	are ii	Dogiii	ining or roun	<u> </u>			(a) Ca	rryover balanc	е	(b) F	refundi	ng balan	се
7		_			ole adjustments (line 13 fror	I			0				0
8					ding requirement (line 35 fro				0			10	0
9	Amount re	maining	(line 7 minus line	8)					0				
10	Interest on	ı line 9 u	sing prior year's a	ctual return	n of <u>5 . 5 7</u> %				0				0
11	Prior year's	s exces	s contributions to	be added to	prefunding balance:						, , , , , , , , , , , , , , , , , , , 		
	a Present	value of	excess contributi	ons (line 38	Ba from prior year)							21	7552
	Sche	edule SE	, using prior year	s effective i	over line 38b from prior yea interest rate of <u>5 · 91</u> %	S						1	2422
			·		Iule SB, using prior year's a				:				
					to add to prefunding balance							22	9974
					nce								
													0
12					r deemed elections				0				
		T			ne 10 + line 11d – line 12)				0				0
	Part III		ding Percenta								14	100	n n 0/
									•		15	123.	
					determining whether carry							123.	/ / 70
16	year's fund	s tunain ding req	g percentage for purpose of the property of th	ourposes or							16	112.	17%
17	If the curre	ent value	e of the assets of t	he plan is le	ess than 70 percent of the f	unding targe	t, enter such	percentage			17		- %
F	Part IV	Con	tributions and	d Liquidi	ty Shortfalls				,				
18	Contributio	ons mad	e to the plan for ti	ne plan yea	r by employer(s) and emplo	yees:							
	(a) Date MM-DD-YY`		(b) Amount pa employer((c) Amount paid by employees	(a) Da -(MM-DD)		(b) Amount employe		(0		int paid b oyees	у
	02/09/20			50,000	cinployees	V	,				···········		
	08/28/20			25,000									
`	30/20/2	010											-1-1-
											·		
					, i + i	Totals ▶	18(b)		75.00	O 18(c)			0
19					ctions for small plan with a								
					um required contributions fi				19a				0
	b Contribu				sted to valuation date				19b				0
					ad contribution for ourront var	ar adjusted to	valuation da	te	19c			170	<u>,</u> 207
					ed contribution for current yea								
20	Quarterly	contribu	tions and liquidity	shortfalls:					L			Von F	l Na
20	Quarterly a Did the	contribu plan ha	tions and liquidity ve a "funding sho	shortfalls: rtfall" for the	e prior year?							Yes X	- 1
20	Quarterly a Did the b If line 2	contribu plan ha	tions and liquidity ve a "funding sho es," were required	shortfalls: rtfall" for the quarterly in	e prior year?	ear made in						Yes X	No No
20	Quarterly a Did the b If line 2	contribu plan ha	tions and liquidity ve a "funding sho es," were required	shortfalls: rtfall" for the quarterly in	e prior year? nstallments for the current y plete the following table as	ear made in applicable:	a timely ma	nner?				_	- 1
20	a Did the b If line 2 c If line 2	contribu plan ha	tions and liquidity ve a "funding shores," were required es," see instruction	shortfalls: rtfall" for the quarterly in	e prior year?	ear made in applicable:	a timely ma f this plan y	nner?				Yes [- 1

P	art V A	ssumpti	ons Used to Determine	Funding Target and Targ	jet Normal Cost		
21	Discount rat						
	a Segment	rates:	1st segment: 4.16 %	2nd segment: 5 . 72 %	3rd segment: 6.48 %		N/A, full yield curve used
	b Applicable	e month (er				21b	0
22						22	62
	Mortality tab				cribed - separate	Substitu	te
			ous Items	Sacral Control of the			
				arial assumptions for the current p	lan year? If "Yes." see i	nstruction	s regarding required
24							
				n year? If "Yes," see instructions r			
26	Is the plan r	equired to p	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	attachmen	tX Yes No
27	•	-		r applicable code and see instructi		27	
P	·			um Required Contribution			
				ears		28	0
29	Discounted	employer c	ontributions allocated toward u	unpaid minimum required contribu	ions from prior years	29	
20				ibutions (line 28 minus line 29)		30	0
							U
			Required Contribution				
31			d excess assets (see instruction			31a	190,326
				ne 31a		31b	190,326
				le 31a	Outstanding Bala		Installment
32	Amortization					0	0
						0	0
33	If a waiver h	nas been ar	pproved for this plan year, ente	er the date of the ruling letter grant	ing the approval	33	
	(Month		oayYear) and the waived amount			
34	Total fundin	g requirem	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding balar	nce	Total balance
35	Balances el	ected for us	se to offset funding				
				0		0	0
_36						36	0
37	Contribution	ns allocated	I toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	170,207
38	······		s contributions for current yea				
	a Total (exc	ess, if any,	of line 37 over line 36)			38a	170,207
				efunding and funding standard ca		38b	
39				ar (excess, if any, of line 36 over li		39	0
40						40	0
Pa				Pension Relief Act of 2010		5)	
41			e to use PRA 2010 funding reli				
							2 plus 7 years 15 years
				1a was made			08 2009 2010 2011
42						42	
				over to future plan years		43	

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

Age (months):

0 12 Continuing hours:

1,000

Wait (months): Two year eligibility:

No

Excluded classes:

Union Members

Non-resident alien

Earnings

Total compensation excluding:

403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement

Normal

Early

Subsidized Early

Disability

Death

Age: Service:

65 0 5 Participation:

Defined:

Date of event

Benefit Reduction / Mortality table & setback

Male: Female: Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence N/A N/A 0 0

Rates - Male:

N/A

N/A

N/A N/A

Rates - Female:

N/A

N/A

Use Social Security Retirement Age: No

Vesting Schedule:

2/20

REACT Benefits Percentage:

50.00% Pre-retirement death benefit

Vesting Definition:

Hours Worked

Percentage of accrued benefit:

100.00%

Death Benefit Payment method: PVAB

Normal: QJSA:

Annuity Life only **Percent** 0.00% 50.00%

Years 0 0

Significant Changes in Plan Provisions Since Last Valuation

Joint and contingent

Name of Plan:

The Law Office of Marcia E. Kusnetz PC Defined Benefit Plan

Plan Sponsor's EIN:

32-0339103

Plan Number:

001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2012

Unit type:PercentUnit based on:ServiceMaximum total percent:0.00%Tiers based on:Years

First tier: 12.50% for 1st 8 Second tier: 0.00% for next 0 Third tier: 0.00% for remaining yrs

Maximum credit:

Past years: None
Future years: None
Total years: None

Averaging

Projection method: Current Compensation
Based on: Final Average Annualize short compensation years: No
Highest: 3 Annualize short plan years: No

In the last: 0 Include compensations based

Excluding: 0 on years of: Participation

Accrual

Frozen: No

Definition of years: Hours worked Fractions based on: N/A

Years based on:

Maximum past accrual years:

O.0000

Method:

Participation

O.0000

Cap or floor:

Accrual % per year:

Apply 415 before accrual:

No

Name of Plan: The Law Office of Marcia E. Kusnetz PC Defined Benefit Plan

Plan Sponsor's EIN: 32-0339103

Plan Number: 001

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

2017 Nonannuitant Male Male Nonannuitant:

2017 Nonannuitant Female Female Nonannuitant:

Male Annuitant: 2017 Annuitant Male

2017 Annuitant Female Female Annuitant:

Applicable months from valuation month:

Probability of lump sum:

Use pre-retirement mortality:

100.00%

N/A

6.48 0.00

No

0.00

<u>1st</u> 2nd 3rd 1.79 3.70 4.56 Segment rates:

N/A N/A **High Quality Bond rates:** Final rates: 4.16 5.72

Override:

0.00

Options:

Use optional combined mortality table for small plans:

Use discount rate transition:

Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period:

plan year

Lookback months:

1

Nonannuitant:

N/A

Annuitant:

2017 Applicable

<u>3rd</u>

4.82

0.00

2nd <u>1st</u> **Current:** 2.04 4,03 Override: 0.00 0.00

Salary Scale

0.00% Male:

0.00% Female:

Withdrawal

Male: N/A Female: N/A

Withdrawal-Select

Male: Female: N/A N/A

Early Retirement Rates

Male:

N/A

Female: N/A

Subsidized Early Retirement Rates

Male:

N/A

Female:

N/A

The Law Office of Marcia E. Kusr Name of Plan:

Plan Sponsor's EIN:

32-0339103

Plan Number:

001

Late Retirement Rates

Male:

N/A

Female:

Female:

N/A

Marriage Probability

Male:

0.00%

0.00%

Expense loading:

0.00%

Disability Rates

Male:

N/A

Female:

N/A

N/A

Mortality

0

Setback

Setback

0

Yes

No

Male: Female:

N/A

0

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

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For	calendar plan year 2017 or fiscal plan year beginning		and endin	g		
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	e cause is	s establishe	d.		
	lame of plan	В	Three-dig	git	,	
C P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer	Identifica	ation Number (I	EIN)
Ет	ype of plan: Single Multiple-A Multiple-B F Prior year plan siz	ze: 10	00 or fewer	101-	500 More th	nan 500
Pa	art I Basic Information					
1	Enter the valuation date: Month Day Year					
2	Assets:					
	a Market value			. 2a		
	b Actuarial value			. 2b		
3	Funding target/participant count breakdown	(1) Num particip		. ,	sted Funding Farget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment					
	b For terminated vested participants					
	C For active participants					
	d Total					
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor			4b		
5	Effective interest rate			5		%
6	Target normal cost			6		
T a	ement by Enrolled Actuary on the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account to combination, offer my best estimate of anticipated experience under the plan.					
	BIGN IERE					
	Signature of actuary				Date	
	Type or print name of actuary			Most r	ecent enrollme	nt number
	Firm name		Te	lephone	number (includ	ling area code)
	Address of the firm					
	actuary has not fully reflected any regulation or ruling promulgated under the statute in conctions	mpleting t	his schedule	e, check	the box and se	е

Page 2 -				
-----------------	--	--	--	--

P	art II	Begin	ning of Year	Carryov	er and Prefunding E	Balances								
			g 0 0	<u> </u>				(a) C	arryover balance		(b) F	Prefundir	ng bala	nce
7		•			able adjustments (line 13 f									
8				•	nding requirement (line 35	•								
9	Amount i	emaining	g (line 7 minus line	8)										
10	Interest of	on line 9 ເ	using prior year's	actual retu	ırn of%									
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)									
	b(1) Inte	erest on t nedule SE	he excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior y e interest rate of	ear _%								
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual								
	C Total a	vallable a	t beginning of curre	ent plan yea	ar to add to prefunding balar	ice	•							
	d Portion	n of (c) to	be added to pref	unding bala	ance									
12	Other red	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)								
Р	art III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								14		%
15	Adjusted	funding t	target attainment	percentage	e							15		%
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.											%			
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	e funding tar	get, e	enter suc	ch percentage			17		%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18					ar by employer(s) and emp	oloyees:								
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-D	Date D-Y		(b) Amount p employer		(0	Amoui (: emplo		by
		/		(-)	этригуссо	(***** =		,		,			.,	
												1		
						Totals 1		18(b)			18(c)			
19					ructions for small plan with									
	_			•	mum required contributions					19a				
				-	usted to valuation date					19b				
20					ired contribution for current y	ear adjusted	to va	aluation d	ate	19c				
20			tions and liquidity		ne prior year?								Yes	☐ No
		•	-		installments for the curren							느	Yes] No
				-	mplete the following table a	-		um o ry III	anno:				169	7 140
	o ii iine i	20a 15 Y	es, see msnuctio	is and cor	Liquidity shortfall as of e			his plan v	/ear					
		(1) 1st	t		(2) 2nd	, , , , , , , , , , , , , , , , , , , ,	.		3rd			(4) 4th		

P	art V	Assumpti	ons Used to Dete	ermine	e Funding Target and Ta	arget Normal Cost						
21	Discount	rate:										
	a Segme	ent rates:	1st segment:		2nd segment: %	3rd segment:		N/A, full yield curve used				
	b Applica	able month (er	nter code)				21b					
22							22					
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined Pre	escribed - separate	Substit	ute				
Pa	art VI	Miscellane	ous Items									
24		•	•		arial assumptions for the curren	•		· · · · <u> </u>				
25	Has a me	thod change I	been made for the curr	ent plar	n year? If "Yes," see instruction	s regarding required attach	nment					
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment											
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years											
28	Unpaid m	inimum requir	red contributions for all	prior ye	ears		28					
29					unpaid minimum required contril	' '	29					
30	Remainin	g amount of u	inpaid minimum requir	ed cont	ributions (line 28 minus line 29)		30					
Pá	art VIII	Minimum	Required Contril	oution	For Current Year							
31	31 Target normal cost and excess assets (see instructions):											
	_						31a					
				than lii	ne 31a		31b					
32		ion installmen				Outstanding Bala	nce	Installment				
	_											
33					er the date of the ruling letter gra							
	(Month _	D	ay Year) and the waived amount .		33					
34	Total fund	ding requireme	ent before reflecting ca	rryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34					
					Carryover balance	Prefunding balar	nce	Total balance				
35			se to offset funding									
36	Additiona	l cash require	ment (line 34 minus lin	e 35)			36					
37			•		ntribution for current year adjuste	,	37					
38	Present v	alue of excess	s contributions for curr	ent yea	r (see instructions)							
	a Total (e	xcess, if any,	of line 37 over line 36)				38a					
	b Portion	included in lir	ne 38a attributable to u	se of pr	efunding and funding standard	carryover balances	38b					
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)											
	40 Unpaid minimum required contributions for all years											
Pa	rt IX	Pension	Funding Relief U	nder l	Pension Relief Act of 20	10 (See Instructions	5)					
41	If an elect	ion was made	to use PRA 2010 fund	ding reli	ef for this plan:			_				
	a Schedule elected											
	b Eligible	plan year(s) f	or which the election in	n line 4	la was made		20	008 2009 2010 2011				
42	Amount o	f acceleration	adjustment				42					
43	Excess in	stallment acce	eleration amount to be	carried	over to future plan years		43					

Attachment to 2017 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name The Law Office of Marcia E. Kusnetz PC Defined Benefit PlaEIN: 32-0339103

Plan Sponsor's Name	The Law Office of Marcia E. Kusnetz	PN:	001
The weighted average retir	rement age is equal to the normal retirement age of		
	at each age and describe the methodology used to compute the values description of the weight applied at each potential retirement ago	U	average
	e expected to retire at the plan's normal retire	ement a	ge or
attained age, if lat	ter.		

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

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2017

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For	calendar plan year 2017 or fiscal plan year beginning		and endin	g		
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	e cause is	s establishe	d.		
	lame of plan	В	Three-dig	git	,	
C P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer	Identifica	ation Number (I	EIN)
Ет	ype of plan: Single Multiple-A Multiple-B F Prior year plan siz	ze: 10	00 or fewer	101-	500 More th	nan 500
Pa	art I Basic Information					
1	Enter the valuation date: Month Day Year					
2	Assets:					
	a Market value			. 2a		
	b Actuarial value			2b		
3	Funding target/participant count breakdown	(1) Num particip		. ,	sted Funding Farget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment					
	b For terminated vested participants					
	C For active participants					
	d Total					
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor			4b		
5	Effective interest rate			5		%
6	Target normal cost			6		
T a	ement by Enrolled Actuary on the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account to combination, offer my best estimate of anticipated experience under the plan.					
	BIGN IERE					
	Signature of actuary				Date	
	Type or print name of actuary			Most r	ecent enrollme	nt number
	Firm name		Te	lephone	number (includ	ling area code)
	Address of the firm					
	actuary has not fully reflected any regulation or ruling promulgated under the statute in conctions	mpleting t	his schedule	e, check	the box and se	е

Page 2 -				
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P	art II	Begin	ning of Year	Carryov	er and Prefunding E	Balances								
			g 0 0	<u> </u>				(a) C	arryover balance		(b) F	Prefundir	ng bala	nce
7		•			able adjustments (line 13 f									
8				•	nding requirement (line 35	•								
9	Amount i	emaining	g (line 7 minus line	8)										
10	Interest of	on line 9 ເ	using prior year's	actual retu	ırn of%									
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)									
	b(1) Inte	erest on t nedule SE	he excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior y e interest rate of	ear _%								
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual								
	C Total a	vallable a	t beginning of curre	ent plan yea	ar to add to prefunding balar	ice	•							
	d Portion	n of (c) to	be added to pref	unding bala	ance									
12	Other red	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)								
Р	art III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								14		%
15	Adjusted	funding t	target attainment	percentage	e							15		%
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.											%			
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	e funding tar	get, e	enter suc	ch percentage			17		%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18					ar by employer(s) and emp	oloyees:								
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-D	Date D-Y		(b) Amount p employer		(0	Amoui (: emplo		by
		/		(-)	этригуссо	(***** =		,		,			.,	
												1		
						Totals 1		18(b)			18(c)			
19					ructions for small plan with									
	_			•	mum required contributions					19a				
				-	usted to valuation date					19b				
20					ired contribution for current y	ear adjusted	to va	aluation d	ate	19c				
20			tions and liquidity		ne prior year?								Yes	☐ No
		•	-		installments for the curren							느	Yes] No
				-	mplete the following table a	-		um o ry III	anno:				169	7 140
	o ii iine i	20a 15 Y	es, see msnuctio	is and cor	Liquidity shortfall as of e			his plan v	/ear					
		(1) 1st	t		(2) 2nd	, , , , , , , , , , , , , , , , , , , ,	.		3rd			(4) 4th		

P	art V	Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Discount	rate:											
	a Segme	ent rates:	1st segment:		2nd segment: %	3rd segment: %		N/A, full yield curve used					
	b Applica	able month (er	nter code)				21b						
22							22						
23	Mortality	table(s) (see	instructions)	Pres	scribed - combined Pre	escribed - separate	Substit	ute					
Pa	Part VI Miscellaneous Items												
24	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment												
25	5 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment												
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment												
27													
P	art VII	Reconcilia	ation of Unpaid N	/linim	um Required Contribution	ons For Prior Years							
28	Unpaid m	inimum requir	red contributions for all		28								
29				outions from prior years	29								
30	Remainin	g amount of u	ınpaid minimum requir	ed cont	ributions (line 28 minus line 29) .		30						
Pá	art VIII	Minimum	Required Contril	outior	For Current Year								
31			d excess assets (see in					1					
	_						31a						
				than li	ne 31a		31b						
32		ion installmen				Outstanding Bala	nce	Installment					
	_												
33					er the date of the ruling letter gra	-							
	(Month _	D	ayYear) and the waived amount		33						
34	Total fund	ding requireme	ent before reflecting ca	rryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34						
					Carryover balance	Prefunding balar	nce	Total balance					
35			se to offset funding										
36	Additiona	l cash require	ment (line 34 minus lin	e 35)	I		36						
37			•		ntribution for current year adjuste	· ·	37						
38	Present v	alue of excess	s contributions for curr	ent yea	r (see instructions)								
	a Total (e	excess, if any,	of line 37 over line 36)				38a						
	b Portion	included in lir	ne 38a attributable to u	se of p	refunding and funding standard o	carryover balances	38b						
39	Unpaid m	inimum requir	39										
40	40 Unpaid minimum required contributions for all years												
Pa	rt IX	Pension	Funding Relief U	nder l	Pension Relief Act of 20	10 (See Instructions	<u>s)</u>						
41	If an elect	ion was made	to use PRA 2010 fund	ding reli	ef for this plan:								
	a Schedu	le elected					[2 plus 7 years 15 years					
	b Eligible	plan year(s) f	for which the election in	n line 4	1a was made		20	008 2009 2010 2011					
42	Amount o	f acceleration	adjustment				42						
43	Excess installment acceleration amount to be carried over to future plan years												

Attachment to 2017 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name	The	Law	Offi	_ce	of	Marci	a l	Ξ.	Kusne	tz	PC	Defined	Benef E	tN:P	lan32-0:	339103	
Plan Sponso	r's Na	ame	The	Law	Of	fice	of	Ма	arcia	Ε.	Kus	netz	P	N: _	0	01	

				YEAR	S OF CREDITED	SERVICE						
Attained		Under 1			1 to 4			5 to 9				
Age		Ave	rage		Ave	erage		Average				
	No.	Comp. Cash Bal.		No.	Comp.	Comp. Cash Bal.		Comp.	Cash Bal.			
Under 25												
25 to 29												
30 to 34												
35 to 39												
40 to 44												
45 to 49												
50 to 54												
55 to 59												
60 to 64							1					
65 to 69												
70 & up												

	YEARS OF CREDITED SERVICE												
Attained		10 to 14			15 to 19			20 to 24					
Age	Average				Ave	rage		Average					
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.				
Under 25													
25 to 29													
30 to 34													
35 to 39													
40 to 44													
45 to 49													
50 to 54													
55 to 59													
60 to 64													
65 to 69													
70 & up													

		YEARS OF CREDITED SERVICE											
Attained	Attained 25 to 29				30 to 34			35 to	39	40 & up			
Age	Average				Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	
Under 25													
25 to 29													
30 to 34													
35 to 39													
40 to 44													
45 to 49													
50 to 54													
55 to 59													
60 to 64													
65 to 69													
70 & up													