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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

_	Annual Repo					
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	/2014	and ending 12	/31/2014	
A This re	eturn/report is for:	X a single-employer plan —		ver plan (not multiemployer) on multiemployer) on multiemployer information in accordance in the multiple in t		
		a one-participant plan	a foreign plan			
B This re	turn/report is	the first return/report	the final return/rep	port		
		an amended return/report	a short plan year ı	return/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extens	ion	DFVC p	rogram
		special extension (enter des	scription)			
Part II	Basic Plan In	formation—enter all requested	information			
1a Name					1b Three-digit	
JOSE F. NI	EBRES, M.D. CASH	BALANCE PLAN			plan numbe	
					(PN) •	002
					1c Effective da	ate of plan 01/01/2012
2a Plan s	sponsor's name and a	address; include room or suite num	ber (employer, if for a si	ngle-employer plan)		dentification Number 14-1836729
					2c Sponsor's	telephone number
15 FOX RUI LATHAM, N						8-273-3311
	1 12110					ode (see instructions) 621111
3a Plan	administrator's name	and address XSame as Plan Spo	nsor.		3b Administrat	tor's EIN
					3c Administrat	tor's telephone number
					Administrat	tor 3 telephone number
		the plan sponsor has changed sinc	e the last return/report fi	led for this plan, enter the	4b EIN	
		number from the last return/report.				
	sor's name				4c DN	
_		ats at the heginning of the plan year	<u> </u>		4c PN	
D TOtal		nts at the beginning of the plan year			5a	
	number of participar	ats at the end of the plan year			5a 5b	
C Num	number of participar ber of participants wit		of the plan year (defined	benefit plans do not	5a	
C Numi	number of participar ber of participants wit lete this item)	ats at the end of the plan year	of the plan year (defined	benefit plans do not	5a 5b	
C Number comp	number of participar ber of participants with elete this item) tal number of active	nts at the end of the plan year th account balances as of the end o	of the plan year (defined	benefit plans do not	5a 5b 5c	3
c Numi comp d(1) To d(2) To e Numb	number of participar ber of participants with elete this item) total number of active potal number of active er of participants that	the account balances as of the end of the beginning of the participants at the end of the plan yet terminated employment during the	of the plan year (defined plan yearplan yeare plan year with accrued	benefit plans do not	5a 5b 5c 5d(1)	3
c Numi comp d(1) To d(2) To e Numb less ti	number of participar ber of participants with elete this item) tal number of active participants that han 100% vested	that at the end of the plan year	of the plan year (defined plan year eare	benefit plans do not benefits that were	5a 5b 5c 5d(1) 5d(2) 5e	3 3 0
c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per	number of participar ber of participants with elete this item) that number of active participants that han 100% vested	the act the end of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses auctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	d. pplicable, a Schedule
c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch	number of participars with ber of participants with lete this item)	the action to be plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses auctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	d. pplicable, a Schedule
c Number of Numb	number of participar ber of participants with lete this item)	the action of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses auctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	d. pplicable, a Schedule
c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch	number of participars with ber of participants with lete this item)	the action of the plan year	plan year (defined plan year (defined plan year with accrued plan year with accrued plan year will be assess that I had as well as the electronic	benefit plans do not benefits that were sed unless reasonable cau have examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e see is established ort, including, if a st, and to the best of the second of	d. pplicable, a Schedule of my knowledge and
c Numicomp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is	number of participar ber of participants with lete this item)	the action of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses auctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e see is established ort, including, if a st, and to the best of the second of	d. pplicable, a Schedule of my knowledge and
c Numb comp d(1) To d(2) To e Numb less to Caution: Under per SB or Sch belief, it is SIGN HERE	number of participars with ber of participants with lete this item)	the action of the plan year	plan year (defined plan year (defined plan year with accrued plan year with accrued plan year will be assess that I had as well as the electronic	benefit plans do not benefits that were sed unless reasonable cau have examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e see is established ort, including, if a st, and to the best of the second of	d. pplicable, a Schedule of my knowledge and
C Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	number of participars ber of participants with lete this item)	the action of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses ructions, I declare that I hay, as well as the electronic plate	benefit plans do not benefits that were sed unless reasonable causave examined this return/report c version of this return/report Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established ort, including, if a st, and to the best of the	d. pplicable, a Schedule of my knowledge and n administrator
C Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	number of participars ber of participants with lete this item)	the action of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses ructions, I declare that I hay, as well as the electronic plate	benefit plans do not benefits that were sed unless reasonable causave examined this return/report c version of this return/report Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established ort, including, if a st, and to the best of the	d. pplicable, a Schedule of my knowledge and
C Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	number of participars ber of participants with lete this item)	the action of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses ructions, I declare that I hay, as well as the electronic plate	benefit plans do not benefits that were sed unless reasonable causave examined this return/report c version of this return/report Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established ort, including, if a st, and to the best of the	pplicable, a Schedule of my knowledge and n administrator ployer or plan sponsor
C Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	number of participars ber of participants with lete this item)	the action of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be asses ructions, I declare that I hay, as well as the electronic plate	benefit plans do not benefits that were sed unless reasonable causave examined this return/report c version of this return/report Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established ort, including, if a st, and to the best of the	d. pplicable, a Schedule of my knowledge and n administrator

	Form 5500-SF 2014		Page 2				
b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi	ident qualified public accounta	nt (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	X No ☐ Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
<u>a</u>	Total plan assets	. 7a	3279				492143
	Total plan liabilities	7b		0			
	Net plan assets (subtract line 7b from line 7a)	7c	3279	939			492143
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	1609	957			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	32	247			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					164204
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					164204
j	Transfers to (from) the plan (see instructions)	8j					
9a b	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B If the plan provides welfare benefits, enter the applicable welfare fe						
Part	V Compliance Questions						
10	During the plan year:			1	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
	Was the plan covered by a fidelity bond?			10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10a		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X	
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	he required	I notice or one of the	10ii			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day	

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SE

		File as an attachment to F	01111 0000 01	JJ00-JF.			
For	calendar	r plan year 2014 or fiscal plan year beginning 01/01/2014		and end	ing 12/3	31/2014	
		off amounts to nearest dollar.					
		A penalty of \$1,000 will be assessed for late filing of this report unless	reasonable ca	use is establish	ed.		
	lame of p	blan BRES, M.D. CASH BALANCE PLAN		B Three-di	J	,	002
300	DE F. INEI	BRES, W.D. CASH BALANCE FLAN		plan nun	nber (PN)	<u> </u>	
C F	lan spon	nsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identificat	tion Number (E	in)
		TEL, LLP			14-1836		,
Ет	ype of pla	an: X Single Multiple-A Multiple-B	ar plan size: 🔀	100 or fewer	101-5	00 More th	an 500
Pa	rt I	Basic Information					
1	Enter th	ne valuation date: Month 12 Day 31 Y	ear <u>2014</u>				
2	Assets:						
	a Marke	et value			2a		331186
	b Actua	arial value			2b		331186
3	Funding	g target/participant count breakdown	` '	Number of rticipants	,	ted Funding arget	(3) Total Funding Target
	a For re	etired participants and beneficiaries receiving payment		0		0	0
	b For te	erminated vested participants		0		0	0
	C For a	active participants		3		337853	337853
	d Total			3		337853	337853
4		lan is in at-risk status, check the box and complete lines (a) and (b)		П			
•		ling target disregarding prescribed at-risk assumptions			4a		
	b Fund	ling target reflecting at-risk assumptions, but disregarding transition rule	for plans that	have been in	4h		
5		risk status for fewer than five consecutive years and disregarding loading			5		5.19%
6	_	re interest rate			6		156945
		y Enrolled Actuary					130943
7	To the best o	of my knowledge, the information supplied in this schedule and accompanying schedules, state					
		with applicable law and regulations. In my opinion, each other assumption is reasonable (taking , offer my best estimate of anticipated experience under the plan.	into account the e	xperience of the plar	and reasona	able expectations) a	nd such other assumptions, in
S	IGN						
	ERE					09/26/20)15
		Signature of actuary				Date	
MAF	RK VIDAI					14-050	39
1417 11	tre vibra	Type or print name of actuary		_	Most r	ecent enrollme	
COF	RNERST	ONE RETIREMENT PLAN ADM				800-678	-1700
		Firm name		- — т	elephone		ding area code)
		SON BLVD., SUITE 3001 RI 02886		·		(J ,
		Address of the firm		_			
If the	actuary l	has not fully reflected any regulation or ruling promulgated under the sta	atute in comple	eting this sched	ule, check	the box and s	ee

· - 1	
	. - 1

Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Pref	unding Ba	alances							
								(a) (Carryover balance		(b) F	Prefundi	ng balan	ce
7		•	nning of prior year		•	•				0				0
8			or use to offset pr	-		•				0				0
9	Amount	remainiı	ng (line 7 minus li	ne 8)						0				0
10	Interest	on line 9	using prior year's	s actual ret	turn of7.	<u>52</u> %				0				0
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding	balance:								
	a Prese	nt value	of excess contrib	utions (line	38a from prior	year)					3151			
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 of5.07 %										0				
	b(2) In	terest or	line 38b from pri	or year Scl	hedule SB, usir	g prior year's	actual							
			at beginning of cur											0
			0 0	. ,	·	Ū								3151
	d Portion	n of (c)	to be added to pre	efunding ba	alance									3151
12	Other re	ductions	s in balances due	to election	s or deemed el	ections				0				0
13	Balance	at begir	nning of current ye	ar (line 9 -	+ line 10 + line	11d – line 12)			0				3151
Pa	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age								14	97	.04 %
15	Adjusted	d funding	g target attainmen	t percenta	ge							15	97	.80 %
16									nces may be used to			16	115	5.92 %
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70	percent of the	e funding targ	et, enter s	such percentage			17		%
Pá	art IV	Con	tributions an	d Liquid	lity Shortfal	ls								
18	Contribu	itions ma	ade to the plan for				oloyees:							
(M	(a) Date M-DD-Y		(b) Amount p employer		(c) Amoun employ		(a) Date (b) Amount paid (MM-DD-YYYY) employer(s)							у
04	/14/2015			160957		0								
							Totala b	40(h)		400057	40/5	I		
40							Totals ▶	18(b)		160957	18(c)			0
19			•			•			ne beginning of the					
			allocated toward	•	·					19a 19b				0
			made to avoid res		•					19c				0
20			allocated toward mi			n for current y	ear adjusted t	o valuation	1 date	190				158653
20		•	outions and liquidit	•								Г	Yes	No
		•	•		•				manner?				Yes	No
			res, were require Yes," see instructi		-		-	ı a umeny	mainter !			·····L	169	
	• ii iiiie	20a 15	ico, occilioliucii	ons and CC			nd of quarter	of this pla	n year					
		(1) 19	st		(2) 2nd		,	(3)	3rd			(4) 4th	l	

Pa	rt V Assumption	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full	yield cu	rve u	sed
	b Applicable month (enter code)			21b				0
22	Weighted average ret	irement age			22				72
23	Mortality table(s) (see			scribed - separate	Substitute)			
Pa	rt VI Miscellane	nus Items	_						
24			tuarial assumptions for the current	nlan year? If "Yes " see	instructions	regarding reg	uired		
	-	•				•	. —	es X	No
25	Has a method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment		Y	es X	No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Y	es X	No
27	If the plan is subject to		ter applicable code and see instruc		27				<u></u>
Do			ım Required Contribution	c For Brior Voors					
28		•	•		28				
29			yearsd unpaid minimum required contrib						0
			unpaid minimum required contrib		29				0
30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost ar	nd excess assets (see instruc	tions):						
	a Target normal cost ((line 6)			31a			1	56945
	b Excess assets, if ap	oplicable, but not greater than	line 31a		31b				0
32	Amortization installme	ents:		Outstanding Bala	ince	Ins	stallmen	t	
	a Net shortfall amortiz	zation installment			9982				1671
	b Waiver amortization	n installment			0				0
33			nter the date of the ruling letter gran		33				0
34	Total funding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			1	58616
-			Carryover balance	Prefunding bala	nce	Tota	al baland	ce	
35	Balances elected for u	9	0		0				0
	· · · · · · · · · · · · · · · · · · ·				,				
36	· · · · · · · · · · · · · · · · · · ·		ontribution for current year adjuste		36			1	58616
			ontribution for current year adjuste		37			1	58653
38		ess contributions for current ye			1				
	a Total (excess, if any	, of line 37 over line 36)			38a				37
	b Portion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39				0
40	Unpaid minimum requ	uired contributions for all years	3		40				
Pa	rt IX Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))				
41	If an election was made	de to use PRA 2010 funding re	elief for this plan:						
	a Schedule elected				🗆 2	2 plus 7 years	s 1	5 yea	ars
	b Eligible plan year(s)) for which the election in line	41a was made		2008	2009	2010	20	11
42	Amount of acceleratio	n adjustment			42	<u> </u>	<u> </u>		
		•	d over to future plan years		43				

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Department of the Treasury tamai Revenue Sarvice

Department of Labor Employee Benefits Security Administration

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

2014

the Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Gueranty Corporation Complete all entries in accordance with the instructions to the Form 5500-8F. Inspection Annual Report Identification Information For calendar plan year 2014 or fiscel plan year beginning 01/01/2014 and ending 12/31/2014 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information Name of plan 1b Three-digit Jose F. Nebres, M.D. Cash Balance Plan plan number 002 (PN) ► 1c Effective date of plan 01/01/2012 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Nebres/Patel, LLP 2b Employer Identification Number (EIN) 14-1836729 2¢ Sponsor's telephone number 15 Fox Run (518) 273-3311 2d Business code (see instructions) US Latham NY 12110 621111 Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 3 5a Total number of participants at the end of the plan year 5b 3 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this Item) d(1) Total number of active participants at the beginning of the plan year 5d(1) 3 d(2) Total number of active participants at the end of the plan year 5d(2) 3 Number of participants that terminated employment during the plan year with accrued benefits that were 54 less than 100% vested 0 Caution: A penalty for the late or incomplete filling 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. Jose F. Nebres, M.D. SIGN HERE Date Signature of plan administrator Enter name of individual signing as plan administrator MUANA 005.12 2011 Jose F. Nebres, M.D. SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligib	.1							
b	Are you claiming a waiver of the annual examination and report of	ne assets?	' (See instructions.)		*********	*******		X Yes	□No
	under 29 CFR 2520 104-462 (See Instructions of well-and report of	an indepe	ndent qualified public accounts	int (IC	ΣPA)				
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann if the plan is a defined benefit plan is it covered under the PROO is	and condit ot use Fo	ions.)	********			***********	X Yes	
C	The Plant of the Code and the C	nsurance i	Program (see FRISA section &	0 US 6 32432) FOM	1 550(), (m. 1927) s s	—.	
P	intilia Financial Information		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1/1	******	· []	es IXINo	Not ¢	etermine
7	Plan Assets and Liabilities		(2) []		- , -				
a	Total plan assets	. 7a					(b) End	of Year	
<u>b</u>	Total plan liabilities	. 7b	327,5					492	,143
<u>~</u>	iver plan assets (subtract line 7b from line 7a)	7c	200	0					
0	income, Expenses, and Transfers for this Plan Year	14135	327, 9 (a) Amount	139				492,	143
а	Contributions received or receivable from: (1) Employers		(a) Antour		8.73	5 1 5 1 T	(b) To	otal Systematics	etern is receded.
	(1) Employers(2) Participants	8a(1)	160,9	57	17.25 27.45		and the		
	(3) Others (including colleges)	8a(2)		. 0	- 1 T	7 - 1.5 7 - 1.5 7 - 1.5		id in the	34074C
b	(3) Others (including rollovers)	8a(3)		0		2		W25%D1	ā4XP
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	3,2	47	12		iiint: stii		劉洪 汉
a	benefits paid (including direct rollovers and insurance premiums	8c		333	1			164,	204
	o provide banefits)	8d		0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0	- SV	THE R	<u> </u>	Antonio Atomora	201 17-39 2012 18-39
f	Administrative service providers (salaries, fees, commissions)	8f	,	0	2000	<u> </u>		MARKET SE	2013 (1912)
9_	Other expanses	8g		0	373	STATE			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
<u>h</u> '	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3.204	S)	enter many	Problem Bally or a William	<u>ान् (तम् न्ये (क्षां स्वत्ये र</u>	() /25/25/25/25/25/25/25/25/25/25/25/25/25/
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81		4.54				164,	
j '	Transfers to (from) the plan (see instructions)	. 8j			142	3888			1000
Pai	tilVa Plan Characteristics		, and		-		active con transfer		
9a	f the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	terist	ic Cod	les in	the instruction	วกร:	,
	1A 1C 3B							·	
bΙ	f the plan provides welfare benefits, enter the applicable welfare fea	iture code:	from the List of Plan Characte	eristic	Code	s in th	ne instruction	15:	
							1112.5. 5. 5. 5.5(
Pai	tVE Compliance Questions		, , , , , , , , , , , , , , , , , , , ,					,	
10	During the plan year:				Yes	No	1	mount	****************
а	Was there a failure to transmit to the plan any participant contribut	lons within	the time period described in		1				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a	<u> </u>	х			
Ь	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not li	nclude transactions reported	405		x			
С	Was the plan covered by a fidelity bond?			10b 10c					
d	Did the plan have a loss, whether or not reimbursed by the plan's f		The state of the s	100		X	ļ		
	or dishonesty?	wanty Don	······································	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance carrier,						
	Insurance service, or other organization that provides some or all of					.,			
£	instructions.)			10e	<u> </u>	X	ļ <u> </u>		
t	Has the plan falled to provide any benefit when due under the plan	··············	***************************************	10f		X			
g	Did the plan have any participant toans? (If "Yes," enter amount as	of year e	nd.)	10g		х			
h	· · · · · · · · · · · · · · · · · · ·						1200		
	2520.101-3.)			10h			1569743	473.74: 14	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	40:					
and the second		-2	211211111111111111111111111111111111111	10i			r, KKyrtski	Tariban er i	
	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)							X Yes	□ No
11a	Enter the unpaid minimum required contribution for current year fro	om Schedi	ile SB (Form 5500) line 39	*******	*****				0
12	is this a defined contribution plan subject to the minimum funding r	requiremen	nts of section 412 of the Code	or sec	ction 3	02 of	ERIŞA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ıble.)						
a	If a waiver of the minimum funding standard for a prior year is bein			tions,	and e	nter t	ne date of th	e letter ru	ing
	granting the waiver					Da		Year	

Form 5500-SF 2014				
Fage 3- If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I				
b Enter the minimum required contribution for this plan year	ine 13.	7	T	
	****************	12b	<u>.</u>	
C Enter the amount contributed by the employer to the plan for this plan year		T		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to	-	12c		· · · · · · · · · · · · · · · · · · ·
Expression and introduction amount reported on line 12d be met by the funding deadline?	*******************	12d	Yes 🗀	No 🗆 N/A
Figure 1 Figure 1 Figure 1 Figure 2 Fig		7.	700	
Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		☐ Y	s X No	*
b Were all the plan assets distributed to participants or hopefolders.	rought under the c	13a ontrol	77.77 - 42.81.11.11.11.11.11.11.11.11.11.11.11.11.	
of the PBGC?				Yes X No
13c(1) Name of plan(s):	130	(2) EIN(s	s) (a	13c(3) PN(s)
		<u></u>		
Part VIII Trust Information (ontional)				
(Optional)				
14a Name of trust		14b Tri	usi's EIN	

NEBRESCBAL

September 26, 2015

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

Jose F. Nebres, M.D. Cash Balance Plan 14-1836729 / 002 For the plan year 01/01/2014 through 12/31/2014

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

Jose F. Nebres, M.D. Cash Balance Plan 14-1836729 / 002

For the plan year 01/01/2014 through 12/31/2014 Valuation Date: 12/31/2014

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	04/14/2015	\$160,957					
Applied to Additional Contribution	12/31/2014	38	37	0	0	5.19	0
Applied to MRC	12/31/2014	160,919	158,616	0	0	5.19	0
Totals for Deposited Contribution		\$160,957	\$158,653	\$0	\$0		

September 26, 2015

Schedule SB, Line 15 - Different Rates for AFTAP

Jose F. Nebres, M.D. Cash Balance Plan 14-1836729 / 002 For the plan year 01/01/2014 through 12/31/2014

Assumptions used to determine the AFTAP

Discount rate:

a. Segment rates

Declinations of the control of the c	1st	2n	ıd	3rd
e Tollege de Salan	4.72	6.1	1000	6.81

N/A, full yield curve used

b. Applicable month - Valuation date

0

Schedule SB, line 32 - Schedule of Amortization Bases

Jose F. Nebres, M.D. Cash Balance Plan

14-1836729 / 002

For the plan year 01/01/2014 through 12/31/2014

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2014	9,982	Shortfall	9,982	7	1,671
Totals:				\$9.982		\$1,671

Schedule SB, Part V **Summary of Plan Provisions**

Jose F. Nebres, M.D. Cash Balance Plan 14-1836729 / 002

For the plan year 01/01/2014 through 12/31/2014

Employer:

Nebres/Patel, LLP

Type of Entity - Limited Liability Partnership (LLP)

EIN: 14-1836729

TIN: 36-4744885

Plan #: 002

Plan Type: Cash Balance

Dates:

Effective - 01/01/2012 Year end - 12/31/2014

Valuation - 12/31/2014

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

Retirement:

Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

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

Early - Not provided

Average Compensation:

Current compensation

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

Plan Benefits:

Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

Pay Credits - Classification

Pay Credit Formula

Α

\$155,000

С

4% of compensation

Accrued Benefit - Hypothetical Account Balance

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) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum:

None

IRS Limitations:

415 Limits -

Percent: 100

Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 10 Years

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

Vesting Schedule:

100% vested in 3 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest -

5% None

Mortality Table -

Post-Retirement - Interest -

5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Jose F. Nebres, M.D. Cash Balance Plan 14-1836729 / 002

For the plan year 01/01/2014 through 12/31/2014

Valuation Date:

12/31/2014

Funding Method:

As prescribed in IRC Section 430

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

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

		s for the ler IRC			as	
Perm	neu un	iei iixe .	+30(11)(2)(U)		
Segn	nent#		Year		Rate	%
Segn	nent 1		0 - 5		1.2	20
STATISTICS OF THE STATE OF THE	nent 2		6 - 20)	4.1	0
Segn	nent 3		> 20		5.2	20
(25)					ARTINGO.	.00

Seg perr	ment ra	ates as inder l	of Se RC 43	ptemb 0(h)(2	er 30,)(C)(iv)	2013 As (II) -	
HAT	FA	NACH TO THE					- 4
Seg	yment	#		Year	Ė.	Rate 9	%
N = 166.)	gment			0 - 5		4.9	100
	gment	(AMET. ALVAN	77.000 7.000 7.000 7.000 7.000	6 - 2		6.3	- 3
Seg	yment	3		> 20		6.9	9

Pre-Retirement - Mortality Table -

Turnover/Disability -None Salary Scale -None

Interest Credit Rate -

Current Yr - 5% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -

14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

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 -

183F - 1983 Individual Annuity (female)

Permissively Aggregated Plans - Tested as a 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 50% 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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

instructions

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.

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

For	calendar plan year 2014 or fiscal plan year beginning 01/	01/2014	and endin	g 12/31/	2014	
▶ i	Round off amounts to nearest dollar.					
>	Caution: A penalty of \$1,000 will be assessed for late filing of this re	port unless reasonable ca	ause is establishe	d.		
AN	lame of plan		B Three-digi	it	ļ.	
Jos	e F. Nebres, M.D. Cash Balance Plan		plan numb	oer (PN)	>	002
C F	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Id	entification N	umber (E	IN)
	res/Patel, LLP			4-1836729		,
			<u> </u>			
Ет	ype of plan: X Single Multiple-A Multiple-B	F Prior year plan size:	X 100 or fewer	<u>]</u> 101-500 [More t	han 500
	Basic Information					
1	Enter the valuation date: Month 12 Day	31 Year 2014	_			
2	Assets:					
	a Market value	• • • • • • • • • • • • • • • • • • • •	•••••	2a		331,186
	b Actuarial value	•••••		2b		331,186
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Tar	_		(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	. 0			0	0
	b For terminated vested participants	. 0			0	C
	C For active participants	l a		337,853		
	d Total	•		337,85	3	337,853
4	If the plan is in at-risk status, check the box and complete lines (a)					
	a Funding target disregarding prescribed at-risk assumptions	• • • • • • • • • • • • • • • • • • • •		4a	***************************************	
	b Funding target reflecting at-risk assumptions, but disregarding tra at-risk status for fewer than five consecutive years and disregarding	ansition rule for plans that arding loading factor	have been in	4b		
5	Effective interest rate	•••••		5		5.19 %
6	Target normal cost	• • • • • • • • • • • • • • • • • • • •		6		156,945
To accord	the best of my knowledge, the information supplied in this schedule and accompanying schedules with applicable law and accompanying schedules with a schedule accompanying schedule accompanying schedule accompanying schedules with a schedule accompanying schedule accompanying schedules with a schedule accompanying	edules, statements and attachment mable (taking into account the exp	nts, if any, is complete a perience of the plan and	and accurate. Eac d reasonable expe	h presribed a ectations) and	assumption was applied in d such other assumptions, in
				09/2	26/2015	5
	Signature of actuary		·		Date	
	Mark Vidal, EA			14-0	05069	
	Type or print name of actuary			Most recent	enrollmer	nt number
	Cornerstone Retirement Plan Adm			(800)	678-17	00
	Firm name 935 Jefferson Blvd., Suite 3001		Tel	ephone numb	oer (includ	ling area code)
	US Warwick RI 02886					
	Address of the firm	······································	,			
If the	actuary has not fully reflected any regulation or ruling promulated a	indor the statute in semal	lating this pehadul	In about the	h	

Page	2
raue	_

Schedule	SB	(Form	5500)	2014
Schledule	Ųυ	(1 01111	JJ00)	2014

Pai	rt II Beg	inning of Year	Carryov	er and Prefunding Bala	ances		·				,	
-		, <u>g</u>		<u> </u>		(a) (Carryover balance		(b) l	Prefundi	ing balance	
7				icable adjustments (line 13 fro				0			C	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					0 0						
9						0 0						
10 Interest on line 9 using prior year's actual return of7.52%					0 0							
11				d to prefunding balance:			2					
	a Present va	alue of excess contri	butions (lin	e 38a from prior year)							3,151	
			`	8a over line 38b from prior ye	ar							
	Schedu	ule SB, using prior ye	ear's effect	ive interest rate of5.07	%		100				C	
				hedule SB, using prior year's								
						2		7			2 151	
	_		·	an year to add to prefunding ba		1					3,151	
				palance				***			3,151	
				s or deemed elections				0		··	2 151	
50 T 1973	O Bern			+ line 10 + line 11d - line 12) .	•••••	<u> </u>		0			3,151	
- AND PROPERTY OF THE PARTY OF		unding Percent										
										14	97.04 %	
				ge						15	97.80 %	
16 				s of determining whether carry						16	115.92 %	
17	If the current	value of the assets	of the plan	is less than 70 percent of the	funding t	arget, enter	such percentage			17	%	
Pa	rt IV C	ontributions an	d Liquid	lity Shortfalls								
18				year by employer(s) and employer	ovees:		,					
	(a) Date M-DD-YYYY)	(b) Amount p	aid by	(c) Amount paid by	(ε) Date					c) Amount paid by employees	
	/14/2015	employer(60,957	employees	(IVIIVI-L	DD-YYYY) employer(s)		\dashv	emp	loyees		
	14/2013		00,937									
												
						- lanux			40/-			
	Ē,		72	# 125 PROFILE CO.	Totals				957 18(c	'	0	
19				structions for small plan with a								
			•	nimum required contributions	•	•	-	19a				
b Contributions made to avoid restrictions adjusted to valuation date												
	c Contribution	ons allocated toward	minimum ı	required contribution for currer	nt year ac	ljusted to va	aluation date '	19c	YHILE W. Y.		158,653	
20	Quarterly cor	ntributions and liquid	ity shortfall	s:						1	_	
	a Did the pla	an have a "funding sl	nortfall" for	the prior year?	• • • • • • • •		• • • • • • • • • • • • • • • • • • • •		•••••	····· [] Yes 🗓 No	
	b If line 20a	is "Yes," were requir	ed quarter	ly installments for the current	year mad	e in a timel	y manner?	•••••		<u></u> [Yes No	
	c If line 20a	is "Yes," see instruc	tions and c	complete the following table as	applicat	ile:					₹ Day of	
	/4\	104		Liquidity shortfall as of end	of quarte			Γ		(4) 4	th ·	
	(1)	1st		(2) 2nd		(3)	3rd			(4) 4	<u>th</u>	
		<u></u>			L			L				

Pa	rt V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost				
21	Discount rate:		, a reposition .					
	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used		
	b Applicable month	(enter code)			21b	0		
22	Weighted average re	tirement age			22	72		
	Mortality table(s) (see			scribed - separate	Substitu	te		
Pai	rt VI Miscellane	ous items						
**************			tuarial assumptions for the current	plan year? If "Yes " see	instruction	ns regarding required		
	-	•		•				
25			lan year? If "Yes," see instructions					
26	Is the plan required to	o provide a Schedule of Active	e Participants? If "Yes," see instruc	ctions regarding required	attachmer	nt Yes X No		
27		•	iter applicable code and see instru	• •	27			
Pai	100 m		um Required Contribution					
28	Unpaid minimum req	uired contributions for all prior	years		28	C		
29	Discounted employer	r contributions allocated towar	d unpaid minimum required contrit	outions from prior years	29	. 0		
30			ntributions (line 28 minus line 29)		30	0		
Pai	rt VIII Minimum	Required Contribution	For Current Year					
31	Target normal cost a	nd excess assets (see instruc	tions):					
					31a	156,945		
	•		line 31a		31b	. 0		
32	Amortization installm	Outstanding Bala	ance	Installment				
	a Net shortfall amorti	ization installment			9,982	1,671		
	b Waiver amortizatio	n installment			0	O		
33			nter the date of the ruling letter gra) and the waived amount .		33	C		
34			/prefunding balances (lines 31a - 3		34	158,616		
	· · · · · · · · · · · · · · · · · · ·		Carryover balance	Prefunding Bala	ince	Total balance		
35	Balances elected for requirement	use to offset funding	0		0	. 0		
36					36	158,616		
	Contributions allocate	ed toward minimum required o	contribution for current year adjuste	ed to valuation date	37	158,653		
38		ess contributions for current ye				· · · · · · · · · · · · · · · · · · ·		
					38a	37		
					38b	0		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							
40			s		40	·		
Par			Pension Relief Act of 2010)			
41	41 If an election was made to use PRA 2010 funding relief for this plan:							
	a Schedule elected							
	b Eligible plan year(s	s) for which the election in line	41a was made		. 🔲 200	09 2010 2011 2012		
					42			
			d over to future plan years		43			