Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	l .			
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	/31/2015	
A This ret	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (nployer information in acc		
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)	
C Check b	oox if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC p	program
Part II	Basic Plan Info	rmation—enter all requested in	. /			
1a Name	•		omaton.		1b Three-digit plan numbe (PN) ▶	001
					1c Effective da	te of plan 01/01/2015
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Id	entification Number 46-5168009
City or AHIR HAFE		e, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)		elephone number 8-651-9700
1311 86TH QUEENS VIL	AVENUE LLAGE, NY 11427					de (see instructions)
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrato	or's EIN
					3c Administrate	or's telephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	
a Sponso	or's name				4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	1
		at the end of the plan year			5b	1
		account balances as of the end of		-	5c	
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	1
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	1
than '	100% vested	terminated employment during the			5e	0
		or incomplete filing of this return	•			
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.				
SIGN	Filed with authorized	valid electronic signature.	07/12/2016	TAHIR HAFEEZ		

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2							
b #	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second of the contraction of the plan cannot be a second of the plan's assets during the plan year invested in eligible and year invested in	an indepe and condi ot use Fo	ndent qualified public ations.)orm 5500-SF and mus	account t instea	ant (IQ ad use	PA) Form	5500.		X Yes	□ No
	the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No 📗	Not deter	mined
Part	III Financial Information	1								
	Plan Assets and Liabilities		(a) Beginning	g of Ye				(b) End o		
	otal plan assets	7a 			0				1250	000
	otal plan liabilities	7b			0				1050	200
	Net plan assets (subtract line 7b from line 7a)	7c	() 4		0			4) -	1250	100
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				(b) To	otai	
	1) Employers	8a(1)		125	5000					
(2	2) Participants	8a(2)			0					
(;	3) Others (including rollovers)	8a(3)								
b 0	Other income (loss)	8b								
CT	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1250	000
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g			0					
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)								1250	000
	ransfers to (from) the plan (see instructions)	8j								
Part	IV Plan Characteristics	<u> </u>								
B Part	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	des from the list of Pia	n Chara	acterist	ic Coc	ies in tr	e instruction	ons:	
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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 by fraud or dishonesty?			10d		X				
	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	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		Χ				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g						
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	ne require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j		X				
Part '	VI Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Yes	No
	Enter the unpaid minimum required contribution for all years from						11a			0
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction (302 of E	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

2015

This Form is Open to Public Inspection

		r plan year 2015		ear beginning	01/01/2015		and end	ing 12/3	31/2015	
		off amounts to r								
	Caution	: A penalty of \$1	,000 will be ass	essed for late fili	ng of this report	unless reasonable of	cause is establish	ed.		
	Name of AHIR HAR	plan FEEZ MD PC DE	FINED BENEF	IT PLAN			B Three-di plan nun	git nber (PN)	>	001
	•	nsor's name as s	hown on line 2a	a of Form 5500 o	r 5500-SF		D Employer	Identificat	tion Number (EIN)
T/	AHIR HAF	FEEZ MD PC						46-5168	3009	
E	Type of pl	an: X Single	Multiple-A	Multiple-B	F	Prior year plan size:	X 100 or fewer	101-5	00 More t	han 500
Р	art I	Basic Inform	nation							
1	Enter t	he valuation date	e: N	Month 12	_ Day <u>31</u>	Year <u>2015</u>				
2	Assets	:								
	a Mark	et value						2a		0
	b Actu	arial value						2b		0
3	Fundin	ng target/participa	ant count break	down			Number of articipants	. ,	ted Funding arget	(3) Total Funding Target
	a For i	retired participan	ts and beneficia	aries receiving pa	yment		0		0	0
	b For t	terminated veste	d participants				0		0	0
	C For a	active participants	3				1		0	0
	d Tota	d					1		0	0
4	If the p	olan is in at-risk s	tatus, check the	box and comple	ete lines (a) and	(b)				
	a Fund	ding target disreg	arding prescrib	ed at-risk assum	ptions			4a		
						tion rule for plans thang loading factor		4b		
5	Effectiv	ve interest rate						5		6.44%
6	Target	normal cost						6		119794
Sta	To the best accordance		information supplied nd regulations. In my	opinion, each other a	ssumption is reasona					bed assumption was applied in and such other assumptions, in
	SIGN HERE								07/05/2	016
		_	Signa	ture of actuary					Date	
TH	IEODORE	E ANDERSEN, M	I.A.A.A. MSPA						14-020)34
			Type or pri	int name of actua	ary			Most re	ecent enrollm	ent number
PE	NSION A	SSOCIATES							203-35	6-0306
		MAIN STREET D, CT 06902		ïrm name			Т	elephone	number (inclu	iding area code)
			Addr	ess of the firm						
If th	e actuary	has not fully refle	ected any regul	ation or ruling or	omulaated unde	er the statute in comp	oleting this sched	ule check	the hox and s	see \square
	e actuary ructions	nas not fully left	Jolea arry regul	addit of fulling pr	omaigated unde	in and statute in comp	noung una soneu	aio, oneok	and box and s	

Page 2	-	
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Schedule SB (Form 5500) 2015

Pa	rt II	Begin	ning of Year	Carryove	er and Prefunding Ba	alances						
							(a)	Carryover balance		(b) l	Prefundi	ng balance
		-	•		cable adjustments (line 13 f	•			0			0
8			•	•	unding requirement (line 35				0			0
9	Amount	remainir	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	actual retu	urn of%				0			0
11	Prior yea	ar's exce	ess contributions t	o be added	to prefunding balance:							
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)							0
					a over line 38b from prior ye interest rate of%							0
	b(2) Int	erest on	line 38b from pri	or year Sch	edule SB, using prior year's	actual						
					ar to add to prefunding balar							0
			0 0		, ,							0
	a Portio	n of (c) t	to be added to pre	efunding ba	lance							0
					or deemed elections				0			0
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0			0
Pa	art III	Fun	ding Percenta	ages								
14	Funding	target a	ttainment percent	age							14	100.00 %
	15 Adjusted funding target attainment percentage									15	103.01 %	
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							0.00 %					
17	If the cui	rrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Con	tributions an	d Liquidi	ty Shortfalls							
18			•		ear by employer(s) and emp							
(M	(a) Date M-DD-YY		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE)		(b) Amount pai employer(s		(0	c) Amou empl	nt paid by byees
03	3/15/2016			125000	0							
							<u>i</u>				1	
						Totals ▶	18(b)		125000	18(c)		0
19			•		ructions for small plan with			, , ,	1			
	_			•	mum required contributions	•	•	-	19a			0
					justed to valuation date				19b			0
20					ired contribution for current y	ear adjusted	to valuation	n date	19c			123411
20			outions and liquidit	-								Voc V No
	a Did the plan have a "funding shortfall" for the prior year?											
						-	-	manner?				Yes No
	C IT line	∠ua is "`	res, see instructi	ons and co	mplete the following table a Liquidity shortfall as of e			ın vear				
		(1) 1s	st		(2) 2nd	G. quarte	(3)	3rd			(4) 4th	1
										_	_	

Pa	rt V	Assumntio	ns Used to Determine	Funding Target and Targe	at Normal Cost				
21	Discou		iis Osea to Determine	runung rarget and rarge	et Normai Cost				
		ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yie	ld curve	e used
	b Appl	licable month (enter code)			21b			0
22	Weight	ted average ret	irement age			22			62
23		ty table(s) (see			scribed - separate	Substitu	ite		
Pa	rt VI	Miscellane	ous Items						
24	Has a	•	·	uarial assumptions for the current			· · ·	ed Yes	X No
25	Has a r	method change	been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment		Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	t[Yes	X No
27		•	•	er applicable code and see instruc	ctions regarding	27			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid	d minimum requ	ired contributions for all prior	years		28			0
29				unpaid minimum required contrib		29			0
30	Remair	ning 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 instruct	ions):					
	a Targe	et normal cost (line 6)			31a			119794
	b Exce	ess assets, if ap	plicable, but not greater than	line 31a		31b			0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Instal	lment	
	a Net s	shortfall amortiz	zation installment			0			0
	b Waiv	er amortization	n installment			0			0
33				ter the date of the ruling letter grar) and the waived amount		33			0
34	Total fu	unding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			119794
				Carryover balance	Prefunding bala	nce	Total b	alance	
35			use to offset funding						
36	Additio	nal cash requir	ement (line 34 minus line 35).			36			119794
37				ontribution for current year adjuste		37			123411
38	Presen	nt value of exce	ss contributions for current ye	ar (see instructions)					
	a Total	l (excess, if any	, of line 37 over line 36)			38a			3617
	b Porti	on included in I	ine 38a attributable to use of p	prefunding and funding standard o	arryover balances	38b			0
39	Unpaid	d minimum requ	ired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39			0
40			•			40			0
Pa	rt IX	Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))			
41	If an ele	ection was mad	le to use PRA 2010 funding re	lief for this plan:					
_	a Sche	edule elected				[2 plus 7 years	15	years
	b Eligib	ble plan year(s)	for which the election in line	41a was made		200	08 2009 20	10	2011
42	Amoun	t of acceleration	n adjustment			42			
43	Fycess	installment acc	celeration amount to be carrie	d over to future plan years		43			

Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Employee Bonefits Security Administration

Pension Senerit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

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A This return/report is for. A This return/report is for. B a one-participant plan a foreign plan is of participating employer information in accordance with the form instructions) a foreign plan in a foreign plan in the first return/report is the first return/report in a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension Special extension (enter description) Partill Basic Plan Information — enter all requested information Tahir Bafeez MD PC Defined benefit Plan Tahir Bafeez MD PC Defined benefit Plan Pian sponsor's name (employer, if for a single-employer plan) Melling Address (include room, spt., suite no, and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Tahir Bafeez MD PC 21311 86th Avenue US Queens Village MY 11427 3a Plan administrator's name and address XJ Samo as Plan Sponsor Name a multiple-employer plan (not multiomployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan a foreign plan a foreign plan in a freturn/report (less than 12 months) DFVC program DFVC program 1b Three-digit plan number (PN) P 1c Effective date of plan 01/01/2015 2b Employer identification Number (EIN) 46–5168009 2c Sponsor's telephone number (718) 651–9700 2d Business code (see instructions) 621111 3b Administrator's EIN 3c Administrator's telephone number		annuai Repor calendar plan year 2015 or t	Fiscal plan year beginning	01/01/2015	and ending	12/31/2015	
A This return/report is for		The state of the s	photog	a multiple-employer p	an (not multiemployer) (F	Filers checking this	box must attach
3 This return/report is:	A 1	This return/report is for:			mployer information in ad	scordance with the	form instructions)
an amended return/report a short plan year return/report less than 12 months	.			* '			
Check box if filing under: Form 5558	B	This return/report is:		•	n/raport /less than 10 mg	onthe)	
Special extension (order description) Tabix			an amended return/report	a short plan year retur	mabout heas than 12 mi	20 (CE)	
Part III Basic Plan Information	Ĉ (Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
Tahir Rafeez MD PC Defined benefit Plan Tahir Rafeez MD PC Defined benefit Plan Tahir Rafeez MD PC Defined benefit Plan City of twwn, state or province, country, and ziprot of P.O. Box) City or town, state or province, country, and ziprot of P.O. Box) City or town, state or province, country, and ziprot of Project prostate outs (if foreign, see instructions) Tahir Rafeez MD PC Tahir Rafeez MD PC 21311 86th Avenue US geneme Villege NY 11427 3a Plan administrator's name and address X Same as Plan Sponsor Name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 5 Total number of participants at the beginning of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this time) 4 (2) Total number of active participants at the end of the plan year 4 (2) Total number of active participants at the end of the plan year 5 (2) 1 4 (2) Total number of participants at the end of the plan year 4 (2) Total number of participants at the end of the plan year 4 (2) Total number of participants at the end of the plan year 5 (3) 1 4 (2) Total number of participants at the end of the plan year 4 (2) Total number of participants at the end of the plan year 5 (3) 1 4 (2) Total number of participants at the end of the plan year 5 (3) 1 4 (2) Total number of participants at the end of the plan year with accrued benefits that were less than 100% wester 8 (4) 1 Table Participants at the end of the plan year with accrued benefits that were less than 100% wester		•	special extension (enter description)			
Name of plan Tahir Hafeex MD PC Defined benefit Plan	P	intill Basic Plan In	formation enter all requested infor	nation			
Tahir Hafeez MD PC Defined benefit Plan CPN O01		The state of the s					
22 Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, spt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Tahir Hafeez MD PC 21311 86th Avenue 23 Queens Villers NY 11427 3a Plan administrator's name and address XJ Same as Plan Sponsor Name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5a Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem). 4(2) Total number of addive participants at the beginning of the plan year (d(2) Total number of addive participants at the end of the plan year Number of participants with account balances as of the end of the plan year (d(2) Total number of addive participants at the beginning of the plan year Number of participants with account balances as of the end of the plan year (d(2) Total number of addive participants at the beginning of the plan year Number of participants that terminated employment during the plan year with accound benefits that were less than 100% vested (d(2) Total number of participants that terminated employment during the plan year with accound benefits that were less than 100% vested 10 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable causes te satablished. 11 Capatir Rafeez 12 Signature of employer/plan sponsor 13 Date 14 Enter name of individual signing as pian administrator 15 Date 16 Enter name of individual signing as employer or plan sponsor		Tahir Hafeez MD Po	C Defined benefit Plan				
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Total number of participants at the beginning of the plan year	***		number from the last return/report,			AC DN	
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		100.00	7	10+112116			
Preparer's name (including tirm name, if applicable) and address; include room or suite number Preparer's telephone number	-	The second secon	The second secon				
	1	raparens name (including tir	iii name, it applicable) and address; includ	e room of suite humb	ēr	Preparer's teleph	one number
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							and the second second

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	******		*******		*5****	X Yes	No
	Are you claiming a walver of the annual examination and report of a			ntant ((IQPA	()				
	inder 29 CER 2520 104-462 (See instructions on waiver eligibility at	nd conditio	115.) ************************************	********	*******	******		*******	X Yes	No
	f you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must insti					possess _a		
C	f the plan is a defined benefit plan, is it covered under the PBGC int	surance pro	ogram (see ERISA section	14021)? .		Yes	X No	Not dete	rmined
Pa	t III Financial Information	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Web			,				
7	Plan Assets and Liabilities	1100 C-00 C-01	(a) Beginning of	Year		<u> </u>	24	(b) End c	of Yoar	
a	Total plan assets	7a		···· (<u></u>	0	-			125,0	00
<u>b</u>	Total plan liabilities	7b							· · · · · · · · · · · · · · · · · · ·	
-	Net plan assets (subtract line 7b from line 7a)	7c			0	-		er. C 194	125,0	00
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	o-appropries	(a) Amount	·		endolávos	ogaldeen).	(b) T	otal Sulakankikankin	toggeptivited)
	(1) Employers	8a(1)	12	25,00	00	353650 353650				Parel Successive Probaggior I
	(2) Participants	8a(2)			0	## 100 and ## 100 and ## 100 and	ianterielle del Primplike	Grissitalis (mikel) Evakatis (mikel)		ELSAND.
<u>.</u>	(3) Others (including rollovers)	8a(3)		***************************************		5.3	grad christi			
	Other income (loss)	. 8b	delana alta dela dela dela dela dela dela dela del	Sicherova	Description of the second					
haurenness	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			Marinella Marine	Securitaria Veradualia	diversity (sele	Charles and a second as the	125,0	00
	to provide benefits)	. 8d				(2.151) (2.151)	g (g Syntysyn) Gregories gyne	purioù et evez a evez addines es	and experiences	protestant. Den 1900 et
e	Certain deemed and/or corrective distributions (see instructions)	, 8c		ZARRANA AMILI		astronia agrega				
f	Administrative service providers (salaries, fees, commissions)	. 8f			0	1970			indikas papataines Paragangan	Hymiliyyoyiyy Mayyyayyi
9_	Other expenses	. 8g			0	0000000 0000000				millioner (* 1842) Friykery (* 1844) Friykery (* 1844)
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		Margaren, 1999 Karatan 1999	amiliani Mylanyi					0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 81			(50.000°00) (50.000°00)	() ()			125,0	00
j Division	Transfers to (from) the plan (see instructions)									
The second second	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	If the plan provides welfare benefits, enter the applicable welfare fer	ature code	s from the List of Plan Cha	aracte	ristic (Codes	s in the	instruction	ns:	
10	During the plan year:			ļ	Yes	No	N/A		Amount	
а	the state of the s			{ {						
	described in 29 CFR 2510.3-1027 (See Instructions and DOL's Vo	_	•	10-		×				
b				10a	· · · · · · · · · · · · · · · · · · ·	4h	distribution Colorador		<u> </u>	
	reported on line 10a.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	10b		x				
C		N		10c		X	nedenste Hollowith			
d	by fraud or dishonesty?	************	#\$\$\$\$\$\$@xxxxxxxxx,\$\$\$\$\$\$auanzxxxx.\$\$\$\$\$xxxxxx	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som	ner persons	by an insurance							-
	the plan? (See instructions.)			10e		x				
f		A. C.	MMI	10f		x	ij die bieb wweigen			
g	Did the plan have any participant loans? (If "Yes," onter amount a	s of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h	heanne g					
i	if 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101						
ĵ	j Did the plan trust incur unrelated business taxable income?									
Pa	Part VI® Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11:	Enter the unpaid minimum required contribution for current year fr	om Schedi	ule SB (Form 5500) line 40	n .	********		11a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
										ν.
12	Is this a defined contribution plan subject to the minimum funding	T)2 of Fi	RISA?	Thv.	WI.

	Form 5500-SF 2015	Page 3-]						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Made and a second			***	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
	If a waiver of the minimum funding standard for a prior year is being amortized in thi ranting the waiver.		instructions, Month	and e Da		e date of th Yes		r rulii	ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	and skip to lin	e 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	<u> </u>	*********	*****	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	_		*****	12d				
6	Will the minimum funding amount reported on line 12d be met by the funding deadling	e?	*************	*********		Yes [] No		N/A
Part	VII Plan Terminations and Transfers of Assets					7			
13a	Has a resolution to terminate the plan been adopted in any plan year?	********************		*****	☐ Y(es X N	O .		
MA>	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 and of the PSGC?						Yes	×	No
Ç	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See Instructions.)							,	
	3c(1) Name of plan(s):		7	13c(2) EIN((s)	130	(3) PI	N(s)
				ACCOMPANY OF THE PARK OF THE P	,				
Part	VIII Trust Information								
14a I	Name of trust				14b T	rust's EIN			
14c	Name of trustee or custodian					rustee or o phone nur		an's	
Par	t IX IRS Compliance Questions		***************************************	L					
15a	Is the plan a 401(k) plan:	***********	[+++++++++++++++++++++++++++++++++++++	******	Ye	5	□ Ni)	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ba:	sign- sed safe rbor ethod	☐ Al	DP/A	CP
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	-2(a)(2)(ii) and 1	.401(m)-	Ī	Ye	S	□ Ni)	
	Check the box to indicate the method used by the plan to satisfy the coverage require		• •	;	□ Ra Po Te	rcentage		/erag enofit	e Test
1888 2 ¹ ************************************		*******************			Ye	S	□ N)	
17a	Has the Plan been timely amended for all required law changes?	****************		******	Ye	S	Пи	5	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	· · · · · · · · · · · · · · · · · · ·				able code		1	
	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volunadvisory letter, enter the date of that favorable letter / / and the date of the date of the favorable letter / / and the date of the date of the favorable letter / / and the date of the favorable letter / / and the date of the favorable letter / / / and the date of the favorable letter / / / / / / / / / / / / / / / / / / /	të letter's serial.	number.					or	7000000
	If the plan is an individually-designed plan and recieved a favorable determination let determination letter /			e date	of plan	's last favo	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	section 1022(I) or the U.S. Virg	(2) has been jin Islands)?		☐ Ye	5	N	>	
19	Were In-service distributions made during the plan year?	****************	*************		Ye	\$	□ N	>	
	If Yes, enter amount		*************		19		······································		
20	Were minimum required distributions made to 5% owners who have attained age 70 to retired) as required under section 401(a)(9)?	6 (regardless of	whether or	*****	Ye	S	□ No	3	□ N/A
			*		**************************************				

07-14-16;17:20 ;From:Queens AKC

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

Tahir Hafeez MD PC Defined Benefit Plan 46-5168009 / 001 For the plan year 01/01/2015 through 12/31/2015

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.

Discounted Employer Contributions

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

For the plan year 01/01/2015 through 12/31/2015 Valuation Date: 12/31/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	03/15/2016	\$125,000					
Applied to Additional Contribution	12/31/2015	3,664	3,617	0	0	6.44	0
Applied to MRC	12/31/2015	121,336	119,794	0	0	6.44	0
Totals for Deposited Contribution		\$125,000	\$123,411	\$0	\$0		

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

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

For the plan year 01/01/2015 through 12/31/2015

5.00

12/31/2015 Valuation Date:

As prescribed in IRC Section 430 **Funding Method:**

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

Retrospective Compensation - Highest 3 consecutive years of service

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

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Rate % Year Segment 1 0 - 5 1.39 Segment 2 6 - 20 3.98

> 20

Segment rates for the Valuation Date as

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment #	Year	Rate %
Segment 1	0 - 5	4.72
Segment 2	6 - 20	6.11
Segment 3	> 20	6.81

Pre-Retirement - Mortality Table -None

Segment 3

Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -15C - 2015 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest -8.5% Post-Retirement - Interest -8.5%

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

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

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

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

Normal Form for MVAR - Joint with 100% Survivor Benefits

401(a)(26) Testing:

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

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

Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2015 through 12/31/2015

Employer: Tahir Hafeez MD PC Defined Benefit Plan

Type of Entity - S-Corporation

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

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

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

Minimum age - 21 Months of service - 12

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

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

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

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

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

Employee Classification Benefit Formula

001 7% of average monthly compensation per year of participation beginning year 1

limited to 10 year(s)

001 minus Floor Offset

7% of average monthly compensation per year of participation beginning year 1

002 limited to 10 year(s)

minus Floor Offset

002 0.5% of average monthly compensation per year of participation beginning year 1 limited to 50 year(s)

minus Floor Offset

003

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

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

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

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 - \$265,000

Normal Form: Life Annuity
Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2015 through 12/31/2015

<u>Vesting Schedule:</u> Years Percent

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

Service is calculated using all years of service

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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-SE

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

	File as an addenii	Tent to Form 5500 or	3300-SF.						
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015									
>	Round off amounts to nearest dollar.								
	Caution: A penalty of \$1,000 will be assessed for late filing of this repor	t unless reasonable ca	T	d.					
A١	Name of plan		B Three-digi	t					
Tah	nir Hafeez MD PC Defined benefit Plan		plan numb	er (PN)	Þ	001			
C F	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Id	entification N	lumber (l	EIN)			
Tah	nir Hafeez MD PC	6-5168009	9						
Ет	E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500								
Pa	art I Basic Information								
1	Enter the valuation date: Month 12 Day 31	L Year <u>2015</u>							
2	Assets:		ı						
	a Market value			2a		0			
	b Actuarial value			2b		0			
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ		(3) Total Funding Target				
	a For retired participants and beneficiaries receiving payment	0			0	0			
	b For terminated vested participants	0			0	0			
	C For active participants	1			0	0			
	d Total	1			0	0			
4	If the plan is in at-risk status, check the box and complete lines (a) and	d (b)							
	a Funding target disregarding prescribed at-risk assumptions	• • • • • • • • • • • • • • • • • • • •		4a					
	b Funding target reflecting at-risk assumptions, but disregarding trans at-risk status for fewer than five consecutive years and disregarding		have been in	4b					
5	Effective interest rate	• • • • • • • • • • • • • • • • • • • •		5	6.44 %				
6	Target normal cost	• • • • • • • • • • • • • • • • • • • •		6		119,794			
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.									
************************************	SIGN 07/05/2016								
Signature of actuary Date									
	Theodore Andersen, M.A.A.A. MSPA	14-02034							
	Type or print name of actuary	Most recent enrollment number							
	Pension Associates	(203) 356-0306							
	Firm name	Tel	ephone num	ber (inclu	uding area code)				
	2001 West Main Street Suite 230								
	US Stamford CT 06902								
	Address of the firm								
	e actuary has not fully reflected any regulation or ruling promulgated und uctions	er the statute in comp	leting this schedu	le, check the	box and	see			

Schedule SB (Form 5500) 2015 Page 2										
Pai	rt II E	Beginning of Year Carryov	er and Prefunding Bal	ances						
		<u> </u>			(a) C	Carryover balanc	е	(b) F	Prefund	ng balance
7		t beginning of prior year after appli					0			0
8		ected for use to offset prior year's f	ŭ .				0			O
9	Amount re	emaining (line 7 minus line 8)					0			0
10		n line 9 using prior year's actual ret					0			0
11		's excess contributions to be added								
	a Presen	at value of excess contributions (lin	e 38a from prior vear)							0
	b(1) Inte	rest on the excess, if any, of line 3	8a over line 38b from prior ye	ar						
	Sch	edule SB, using prior year's effecti	ve interest rate or	2						0
	` '	rest on line 38b from prior year Sci								O
	C Total a	vailable at beginning of current pla	in year to add to prefunding b	alance						0
		of (c) to be added to prefunding b	,	_						0
12		uctions in balances due to election					0			
		t beginning of current year (line 9 -					0			0
	rt III	Funding Percentages	,							
		arget attainment percentage							14	100.00 %
		funding target attainment percentage							15	103.01 %
		's funding percentage for purposes							16	103.01 /
		ar's funding requirement							10	0.00 %
17	If the curre	ent value of the assets of the plan	is less than 70 percent of the	funding targ	et, enter s	uch percentage	•••••	•••••	17	%
Pa	rt IV	Contributions and Liquid	lity Shortfalls							
18	Contributi	ons made to the plan for the plan y	ear by employer(s) and employer	oyees:						
(8.41	(a) Date M-DD-YYY	(b) Amount paid by Y) employer(s)	(c) Amount paid by employees		(a) Date (b) Amount paid by					
	15/2016	, , , ,	employees	(IVIIVI-DD	DD-YYYY) employer(s)		employees			
	13/2010	123,000								
-										
				Totals >	18(b)		125,00	0 18(c)		0
19	Discounte	d employer contributions see ins	structions for small plan with a	valuation d	ate after t	ne beainnina of t				
-	a Contributions allocated toward unpaid minimum required contributions from prior years									
		utions made to avoid restrictions a					19b			0
		utions allocated toward minimum r	·				19c			123,411
20		20 Quarterly contributions and liquidity shortfalls:								

Liquidity shortfall as of end of quarter of this plan year

(3)

3rd

(4)

4th

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

(2)

2nd

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

(1) 1st

Pa	art V Assump	tions Used To Determin	e Funding Target and Targ	jet Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	,	N/A, full yield curve used			
	b Applicable mon	th (enter code)			21b	0			
22	Weighted average	retirement age			22	62			
23	Mortality table(s) (s	see instructions)	Prescribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI Miscella	neous items							
24	Has a change bee	n made in the non-prescribed a	ctuarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required			
	attachment			• • • • • • • • • • • •		Yes X No			
25	Has a method char	nge been made for the current p	olan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No			
26	Is the plan required	d to provide a Schedule of Activ	e Participants? If "Yes," see instruc	tions regarding required	attachmen	t Yes X No			
27		_	nter applicable code and see instruc		27				
Pa			num Required Contribution						
28			r years		28	0			
29	Discounted employ	er contributions allocated towa	rd unpaid minimum required contrib	utions from prior years	29	0			
30			ontributions (line 28 minus line 29)		30	0			
		m Required Contributio							
		and excess assets (see instruc							
		· · · · · · · · · · · · · · · · · · ·			31a	119,794			
	-		n line 31a		31b	0			
32	Amortization install			Outstanding Bala		Installment			
-				J	0	0			
	b Waiver amortizat	tion installment			0	0			
33			enter the date of the ruling letter grain	nting the approval					
	(Month) and the waived amount .		33	0			
34	Total funding requir	rement before reflecting carryove	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	119,794			
	<u> </u>	<u> </u>	Carryover balance	Prefunding Bala	ance	Total balance			
35		or use to offset funding							
36					36	119,794			
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date				37					
(line 19c)									
38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)									
					38a 38b	3,617			
and the state of t					0				
			40	0					
To original immediate destribution of all years									
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41 If an election was made to use PRA 2010 funding relief for this plan:									
a Schedule elected									
			41a was made			08 2009 2010 2011			
			• • • • • • • • • • • • • • • • • • • •		42				
43	Excess installment	acceleration amount to be carrie	ed over to future plan years	• • • • • • • • • • •	43				