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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/30/2015 X 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 the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit LIONEL & MARIE EDITH F. LEFEVRE, PHYSICIANS, PC DEFINED BENEFIT PLAN & TRUST plan number 003 (PN) ▶ 1c Effective date of plan 12/31/1991 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number LIONEL & MARIE EDITH F. LEFEVRE PHYSICIANS PC 11-2864885 (EIN) Sponsor's telephone number 718-629-2381 3101 CLARENDON ROAD BROOKLYN, NY 11226 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 6 **b** Total number of participants at the end of the plan year..... 5b 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) d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete Filed with authorized/valid electronic signature 10/11/2016 LIONEL LEFEVRE **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/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							
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 a lif you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IQ d use	PA) Form	5500.		 	X Yes	No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	× No	∐ N	ot deter	mined
Par					1					
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of		
	Total plan assets	7a	23824		-				23472	
	Total plan liabilities	7b	0000	0					00.470	0
	Net plan assets (subtract line 7b from line 7a)	7c	23824	132					23472	245
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tota	ıl	
	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	60	032						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							60)32
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d	24	123						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	387	796						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							412	219
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-351	87
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics	•			•					
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instr	uctions	3:	
Dort	V Compliance Questions									
Part					Vaa	Na	1			
10	During the plan year:	tions withi	n the time period described in		Yes	No		Ar	nount	
а	Was there a failure to transmit to the plan any participant contribution 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 bo	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	ner person	s by an insurance carrier,	100						
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		Χ				
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	ne require	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Yes	П No
112	Enter the unpaid minimum required contribution for current year fr					11a				0
12							EDICAC	,	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			UI SE	ะบบบก 3	o∪∠ Of	EKIOA:	[163	INU
	If a waiver of the minimum funding standard for a prior year is being			ctions	and e	ntar th	ne date	of the	letter ri	ılina

......Month

Day

Year

granting the waiver.

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		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.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

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

			F File as	an allacinnent to Form	5500 OF 5500-SF.			
For	calendar	plan year 2014 or fiscal pla	n year beginning	12/31/2014	and end	ing 12/3	30/2015	
		ff amounts to nearest dolla						
_		A penalty of \$1,000 will be a	assessed for late filing	of this report unless reason	onable cause is establish	ed.	1	
	Name of p	olan ARIE EDITH F. LEFEVRE, F	PHYSICIANS,PC DEF	INED BENEFIT PLAN & T	RUST B Three-di plan nun	git nber (PN)	•	003
Сг	Plan spon	sor's name as shown on line	2a of Form 5500 or 5	500-SF	D Employer	Identifica	tion Number (E	IN)
		ARIE EDITH F. LEFEVRE P				11-286		,
Εт	ype of pla	an: X Single Multiple-	A Multiple-B	F Prior year pla	ın size: X 100 or fewer	101-5	00 More th	an 500
Pa	art I	Basic Information						
1	Enter th	ne valuation date:	Month	Day31 Year _2	2014			
2	Assets:							
	a Marke	et value				2a		2289717
	b Actua	arial value				2b		2289717
3	Funding	g target/participant count bre	eakdown		(1) Number of participants	,	ted Funding arget	(3) Total Funding Target
	a For re	etired participants and benef	iciaries receiving paym	nent	0		0	0
	b For te	erminated vested participant	S		2		15711	15711
	C For a	ctive participants			4		1686051	1686051
	d Total				6		1701762	1701762
4		an is in at-risk status, check						
		ing target disregarding preso			ш	4a		
	b Fund	ing target reflecting at-risk a	ssumptions, but disreg	garding transition rule for p	lans that have been in	4h		
5		e interest rate				5		6.40%
6	Target r	normal cost				6		0
Stat	ement by	y Enrolled Actuary				•		
	accordance v	of my knowledge, the information supposite applicable law and regulations. Ir , offer my best estimate of anticipated	n my opinion, each other assu					
	IGN ERE						00/46/00	40
П	LIVE	<u> </u>	gnature of actuary				09/16/20	710
10/11			gnature or actuary				Date	10
VVIL	LIAM J. C	CLEMANS, E.A.	nrint name of actual			Most	14-0714 ecent enrollme	
	10.101.44	,,	print name of actuary			IVIOST I		
LOI	NG ISLAN	ND EMPLOYEE BENEFITS (Firm name			alanhana	631-273	
		SS BOULEVARD E, NY 11788	riim name		'	eieprione	number (includ	ling area code)
		A	ddress of the firm					
If the	actuary h	has not fully reflected any re	gulation or ruling prom	ulgated under the statute	in completing this sched	ule, check	the box and se	ee

· - 1	
	. - 1

Schedule SB (Form 5500) 2014

Pa	art II Begir	nning of Year	Carryov	er and Prefunding B	Balances			•			
_						(a) (Carryover balance		(b) F	Prefundir	ng balance
7		0 , ,		cable adjustments (line 13	•			11623			0
8	• .			unding requirement (line 3							
								0			0
9	Amount remaini	ng (line 7 minus li	ne 8)					11623			0
10	Interest on line 9	9 using prior year'	s actual ret	urn of <u>5.71</u> %				664			0
11	Prior year's exce	ess contributions t	o be added	to prefunding balance:							
	a Present value	of excess contrib	utions (line	38a from prior year)							73140
				Ba over line 38b from prior ve interest rate of6.6							4827
	b(2) Interest or	n line 38b from pri	or year Sch	nedule SB, using prior year	's actual						
				ear to add to prefunding bala							77967
	d Portion of (c)	to be added to pre	efunding ba	alance							0
12	Other reductions	s in balances due	to elections	s or deemed elections				0			0
13	Balance at begin	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	2)			12287			0
P	art III Fun	ding Percent	ages								
14	Funding target a	attainment percent	age							14	133.82 %
		g target attainmen								15	134.54 %
16				of determining whether ca						16	133.51 %
17				s less than 70 percent of th						17	%
Pa	art IV Con	tributions an	d Liquid	ity Shortfalls					•		
18	Contributions m	ade to the plan for	the plan y	ear by employer(s) and em	nployees:						
(N /	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE)		(b) Amount pa employer(•	(0	Amour (: emplo	nt paid by
(10	IIVI-DD-1111)	employer	(3)	employees	(IVIIVI-DL	<i>,</i> -1111)	employer(3)		empic	lyces
					†						
					†						
					†						
		l			Totals ▶	18(b)		0	18(c)		0
19	Discounted emp	loyer contribution	s – see ins	tructions for small plan with	n a valuation	date after th	ne beginning of the	year:			
	a Contributions	allocated toward	unpaid min	imum required contribution	s from prior	years		19a			0
	b Contributions	made to avoid res	strictions ac	ljusted to valuation date				19b			0
	c Contributions	allocated toward m	inimum req	uired contribution for current	year adjusted	d to valuation	n date	19c			0
20	Quarterly contrib	outions and liquidi	ty shortfalls): :							
	a Did the plan h	nave a "funding sh	ortfall" for t	he prior year?				<u>-</u>			Yes X No
	b If line 20a is "	Yes," were require	ed quarterly	installments for the currer	nt year made	in a timely	manner?				Yes No
	C If line 20a is "	Yes," see instructi	ons and co	emplete the following table	as applicable	e :				<u></u>	_
			İ	Liquidity shortfall as of	end of quarte		•				
	(1) 1:	st		(2) 2nd		(3)	3rd			(4) 4th	
			Ī		1			1			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment		N/A, fu	ll yield	curve	e used
	b Appl	licable month (enter code)			21b				0
22	Weight	ted average ret	tirement age			22				71
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired		
		-							Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment			Yes	X No
27		•	o alternative funding rules, ent	er applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		_	years		28				0
29	Discou	nted employer	contributions allocated toward	I unpaid minimum required contrib	utions from prior years	29				
		-				1				0
30	Remaii	ning amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		30				0
	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct	<u> </u>		T T				
	a Targe	et normal cost	(line 6)			31a				0
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a	T	31b				0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
					1	0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding bala	nce	То	tal bala	ance	
35			use to offset funding							0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	Presen	nt value of exce	ess contributions for current ye	ar (see instructions)		<u> </u>				
						38a				0
				orefunding and funding standard o		38b				0
39				ear (excess, if any, of line 36 over		39				0
40				j	•	40				0
Pai	rt IX			Pension Relief Act of 2010)				
41	If an ele		de to use PRA 2010 funding re			•				
							2 plus 7 yea	rs 「	15 v	years
				41a was made				2010	_	2011
42			,			42				
			-	d over to future plan years		43				

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Female Annuitant:

Options:

Male Nonannuitant: 2014 Nonannuitant Male 2014 Nonannuitant Female

2014 Annuitant Female

Use discount rate transition:

Lump sums use proposed regulations:

Yes

Female Nonannuitant:

No Yes

Male Annuitant: 2014 Annuitant Male

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period:

plan year

Probability of lump sum:

100.00% Lookback months: 1

Nonannuitant:

N/A

Use pre-retirement mortality:

Annuitant:

2014 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.20	4.10	5.20
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.99	6.32	6.99

0.00

1.40

<u>3rd</u> 4.96

Current:

0.00

<u>1st</u>

3.88

2nd

Override:

0.00

0.00

No

Override:

0.00

Use optional combined mortality table for small plans:

0.00

Salary Scale

Male: 0.00% 0.00% Female:

Late Retirement Rates

Male: Female: N/A N/A

Withdrawal

Male: N/A N/A Marriage Probability

Setback

Female:

Male:

0.00%

0.00%

Female:

0.00%

Withdrawal-Select

Expense loading:

0

Male: N/A **Disability Rates**

Female: N/A

Male:

Early Retirement Rates

N/A

N/A

Female:

N/A

Mortality

Setback

Female: Subsidized Early Retirement Rates

Male:

Male:

N/A

N/A

Male: Female: N/A N/A 0 0

Female: N/A

Name of Plan:

LIONEL & MARIE EDITH F.LE

Plan Sponsor's EIN:

11-2864885

Plan Number:

003

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 24 Excluded classes: Union Members

Two year eligibility: No

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

 Retirement
 Normal
 Early
 Subsidized Early
 Disability
 Death

 Age:
 65

 Service:
 0

 Participation:
 5

 Defined:
 Date of event

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

Rates - Male: N/A N/A N/A N/A Rates - Female: N/A N/A N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: Immediate Pre-retirement death benefit

Vesting Definition: Hours Worked **Percentage of accrued benefit:** 0.00% **Death Benefit Payment method:** PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: LIONEL & MARIE EDITH F.LEFEVRE, PHYSICIANS, PC DEFINED BENEFIT

Plan Sponsor's EIN: 11-2864885

Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

Effective Date: 12/31/2002

Unit type: Percent
Unit based on: Service
Maximum total percent: 91.80%
Tiers based on: None
First tier: 6.12%

First tier: 6.12% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 21
Future years: 0
Total years: 15

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 99 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: Yes

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

Accrual credit:Continuing
1000Died
1000Disabled
1000Retired
1000Terminated
1000Precision:
Limit current credit

to: N/A

Years based on:

Maximum past accrual years:

Method:

Service

0.0000

Cap or floor:

Accrual % per year:

Apply 415 before accrual:

No

Name of Plan: LIONEL & MARIE EDITH F.LEFEVRE, PHYSICIANS, PC DEFINED BENEFIT

Plan Sponsor's EIN: 11-2864885

Plan Number: 003

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 12/31/2014		ng 12/	30/2015
Round off amounts to nearest dollar.		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
▶ Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reas	onable cause is establishe	ed.	
A Name of plan	B Three-dig plan num		003
LIONEL & MARIE EDITH F. LEFEVRE, PHYSICIANS, PC DEFIN	FD BENEFT DIAN	Personal Company of the Company of t	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	A	dentification Number (TEINN
LIONEL LEFEVRE AND MARIE EDITH F. LEFEVRE	11-2864		,
	lan size: 🔀 100 or fewer		than 500
Part Basic Information			
1 Enter the valuation date: Month 12 Day 31 Year	2014		
2 Assets:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE CONTRACTOR
a Market value		2a	2,289,717
b Actuarial value		2b	2,289,717
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	C	0
b For terminated vested participants	2	15,711	15,711
C For active participants	4	1,686,051	
d Total	6	1,701,762	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	П		
a Funding target disregarding prescribed at-risk assumptions	-	4a	A Committee of the Comm
b Funding target reflecting at-risk assumptions, but disregarding transition rule for pat-risk status for fewer than five consecutive years and disregarding loading fa		4b	
5 Effective interest rate		5	6.40%
6 Target normal cost		6	0
Statement by Enrolled Actuary To the best of my knowledge, the Information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.	and attachments, if any, is comple account the experience of the plan	ete and accurate. Each prescri and reasonable expectations)	bed assumption was applied in and such other assumptions, in
SIGN HERE		09/16/2	016
Signature of actuary		Date	
WILLIAM J. CLEMANS, E.A.		14-071	-
Type or print name of actuary		Most recent enrollm	
LONG ISLAND EMPLOYEE BENEFITS GROUP			-9220
Firm name 325 WIRELESS BOULEVARD	T€	elephone number (inclu	uding area code)
HAUPPAUGE NY 11788 Address of the firm			
If the actuary has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedu	le, check the box and	see [7]

age)	2	-	
aye	/	-1	

Schedule SB (Form 5500) 2014

Pa	art II Begii	nning of Year	Carryov	er and Prefunding Ba	lances							
	<u> </u>					(a) C	arryover balance		(b) F	refund	ing balan	ce
-7 				icable adjustments (line 13 f			11,6	523				0
8				funding requirement (line 35				0				0
9	Amount remain	ing (line 7 minus l	ine 8)				11,	523				0
10	Interest on line	9 using prior year'	s actual re	turn of <u>5 . 7 1</u> %			(564				0
11	Prior year's exc	ess contributions t	o be adde	d to prefunding balance:		200 (200 (200 (200 (200 (200 (200 (200						
	a Present value	of excess contrib	utions (line	38a from prior year)				Carati				73140
	b(1) Interest of Schedule	n the excess, if an SB, using prior ye	y, of line 3 ar's effecti	8a over line 38b from prior y ve Interest rate of <u>6 . 60</u> %	ear	NA COLUMN STATE OF THE STATE OF		64(11)15 64(11)15				4827
	• •	•		hedule SB, using prior year's		TANKS AND THE CONTRACT OF THE		Annual Control				
				ear to add to prefunding balar				60111.7. 70211.4.2.				0 77967
	d Portion of (c)	to be added to pro	efunding b	alance				20. 33. 20. 33. 20. 33.				0
12	Other reduction	s in balances due	to election	s or deemed elections			· · · · · · · · · · · · · · · · · · ·	0				0
13	Balance at begi	nning of current ye	ear (line 9	+ line 10 + line 11d – line 12)		12,2	287				0
P	art III. Fun	iding Percent	ages									
14	Funding target	attainment percen	tage							14	133.	82 %
15	Adjusted fundin	g target attainmen	t percenta	ge						15	134.	.54 %
16				of determining whether car						16	133	.51 %
17	If the current va	lue of the assets o	of the plan	is less than 70 percent of the	funding ta	rget, enter s	uch percentage			17		%
P.	art IV Cor	ntributions an	d Liquid	lity Shortfalls							٠	
18				rear by employer(s) and emp	loyees:							
	(a) Date	(b) Amount p		(c) Amount paid by		Date	(b) Amount paid	by	(0		int paid t	у
(IV	M-DD-YYYY)	employer	(S)	employees	(IVIIVI-DE)-YYYY)	employer(s)		-	emp	loyees	
									<u> </u>			
									 			
		<u> </u>								-		
							<u>. </u>		+			
						- 1						
W. 1178 . D. 1				North Agents (Agents (Totals ▶	1B(b)		(18(c)			0
19	Discounted emi	olover contribution	s – see ins	structions for small plan with			ne beginning of the v	_				
	•	•		nimum required contributions			T T	9a				0
			-	djusted to valuation date			<u>⊢</u>	9b				0
				uired contribution for current y				9c				0
20		butions and liquidi					<u> </u>			7		
	•	•		the prior year?	,,			<u>,</u>			Yes	X No
	•	=		ly installments for the curren						-	Yes	No
				omplete the following table a				ľ		200 100 100 100 100 100 100 100 100 100	7.10 manage (1.10)	
				Liquidity shortfall as of e			n year		-mridanii aren			
	(1) 1	st		(2) 2nd		(3)	3rd			(4) 4t	h	

		ed to Determine	Funding Target and Targe	t Normal Cost					
21	Discount rate:	4-4	On al an arrando	Oud					
	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, f	ull yield	curve u:	sed
	b Applicable month (enter co	ode)			21b				0
22	Weighted average retlremen	t age			22				71
23	Mortality table(s) (see instru	ctions) 🛛 Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI Miscellaneous It	ems							
24	-	•	uarial assumptions for the current	•				Yes 🛛	No
25	Has a method change been	made for the current pl	an year? If "Yes," see instruction	regarding required atta	chment			Yes 🛚	No
26	Is the plan required to provid	e a Schedule of Active	Participants? If "Yes," see Instru	tions regarding required	attachmer	t		Yes 🛛	No
27		-	er applicable code and see instru		27				
Pa	rt VII Reconciliation	of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid minimum required co	ntributions for all prior	years		28				0
29			unpaid minimum required contrib	· · · · · · · · · · · · · · · · · · ·	29	·			0
30	Remaining amount of unpaid	minimum required cor	tributions (line 28 minus line 29).		30				0
Pa	rt VIII Minimum Requ	ired Contribution	For Current Year		•				
31	Target normal cost and exce	ess assets (see instruct	ions):						
	a Target normal cost (line 6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		31a				0
	b Excess assets, if applicable	e, but not greater than	line 31a		31b				0
32	Amortization installments:			Outstanding Bala	ince		nstallme	nt	
	a Net shortfall amortization i	nstallment			0			·	0
	b Waiver amortization instal	lment			0				0
33	- •		ter the date of the ruling letter gra) and the waived amount	=	33			-	
34	Total funding requirement be	fore reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	34				0
			Carryover balance	Prefunding balar	nce	To	tal bala	nce	
35	Balances elected for use to o	offeet funding	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
••	requirement	-							0
36	Additional cash requirement	(line 34 minus line 35)			36				0
37			ontribution for current year adjuste		37		-		0
38	Present value of excess conf	ributions for current ye	ar (see instructions)						
	a Total (excess, if any, of line	37 over line 36)			38a			•	0
	b Portion included in line 38a	a attributable to use of	prefunding and funding standard of	arryover balances	38b				0
39	Unpaid minimum required co	ntribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0
					40				0
Pa	rt IX Pension Fundi	ng Relief Under F	ension Relief Act of 2010	(See Instructions)))				
41	If an election was made to us								
	a Schedule elected		***************************************			2 plus 7 ye	ars [15 yea	rs
	b Eligible plan year(s) for wh	ich the election in line	41a was made	.,,	1200	8 2009	2010	201	1
42	Amount of acceleration adjus	tment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	42				
43	Excess installment accelerati	on amount to be carrie	d over to future plan years		43				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		12/31/2014	and ending	12/30/2013	
A This return/report is for:	🗓 a single-employer plan	of participating emplo	olan (not multiemployer) yer information in accord		
	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 retu	rn/report (less than 12 m	onths)	
C Check box If filing under:	X Form 5558	automatic extension		DFVC program	n
	special extension (enter des	cription)			
Part II Basic Plan Int	formation—enter all requested i	nformation			
1a Name of plan				1b Three-digit	
LIONEL & MARIE EDI	TH F. LEFEVRE, PHYSIC	CIANS, PC		plan number (PN) ▶	003
DEFINED BENEFIT PL	AN & TRUST			1c Effective date of	
				12/31/1991	P. C.
LIONEL & MARIE EDI	address; include room or suite num TH_F.LEFEVRE	ber (employer, if for a single	-employer plan)	2b Employer Identific (EIN) 11-2864	
PHYSICIANS PC				2c Sponsor's teleph (718) 629-2	one number
3101 CLARENDON ROA	.D			2d Business code (s	
BROOKLYN		NY	11226	621111	,
3a Plan administrator's name	and address XSame as Plan Spo	nsor.		3b Administrator's E	IN
				0	
				3C Administrator's te	elephone number
4 If the name and/or EIN of t	the plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b EIN	
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.				
				4c PN	
5a Total number of participan	its at the beginning of the plan year				6
_	its at the beginning of the plan year				
b Total number of participanc Number of participants wit		f the plan year (defined ben	efit plans do not	5a	6 5
 b Total number of participan c Number of participants wit complete this item) 	its at the end of the plan year h account balances as of the end c	f the plan year (defined ben	efit plans do not	5a 5b 5c	5
b Total number of participan C Number of participants wit complete this item) d(1) Total number of active p	ts at the end of the plan year h account balances as of the end o carticipants at the beginning of the	f the plan year (defined ben plan year	efit plans do not	5a 5b 5c 5d(1)	5
b Total number of participan c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that	ts at the end of the plan year	f the pian year (defined ben plan year	efit plans do not	5a 5b 5c	4 4
b Total number of participants C Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested	ts at the end of the plan year	of the plan year (defined ben plan year ear plan year with accrued ben	efit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	5
b Total number of participants c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the late	ts at the end of the plan year	of the plan year (defined ben plan yearear plan year with accrued ben rn/report will be assessed	efit plans do not efits that were unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e see is established.	4 4 0
b Total number of participants c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and	ts at the end of the plan year	of the plan year (defined benderal) plan year plan year with accrued benderal rn/report will be assessed uctions, I declare that I have	efits that were unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applica	5 4 4 0 ble, a Schedule
b Total number of participants c Number of participants wit complete this item)	ts at the end of the plan year	plan year (defined ben- plan year plan year with accrued ben- plan year with accrued ben- plan year will be assessed uctions, I declare that I have as well as the electronic ve	efits that were unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applica	5 4 4 0 ble, a Schedule
b Total number of participants C Number of participants wit complete this item)	ts at the end of the plan year	of the pian year (defined benderal) plan year plan year with accrued benderal year will be assessed uctions, I declare that I have as well as the electronic ve	efits that were unless reasonable cat examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applicate, and to the best of my keep	5 4 4 0 ble, a Schedule chowledge and
b Total number of participants c Number of participants wit complete this item)	ts at the end of the plan year	plan year (defined ben- plan year plan year with accrued ben- plan year with accrued ben- plan year will be assessed uctions, I declare that I have as well as the electronic ve	efits that were unless reasonable cat examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applica	5 4 4 0 ble, a Schedule chowledge and
b Total number of participant c Number of participants wit complete this item)	ts at the end of the plan year	plan year (defined bender plan year	efit plans do not efits that were unless reasonable cat examined this return/re ision of this return/report LIONEL LEFEVR Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applica it, and to the best of my keep	5 4 4 0 ble, a Schedule chowledge and inletrator
b Total number of participants c Number of participants wit complete this item)	ts at the end of the plan year	plan year (defined bender plan year	efit plans do not efits that were unless reasonable cau examined this return/report sion of this return/report LIONEL LEFEVR Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applica it, and to the best of my left. E ual signing as plan adm	5 4 4 0 ble, a Schedule chowledge and inletrator
b Total number of participants c Number of participants wit complete this item)	ts at the end of the plan year	plan year (defined bender plan year	efit plans do not efits that were unless reasonable cau examined this return/report sion of this return/report LIONEL LEFEVR Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applica it, and to the best of my keep	5 4 4 0 ble, a Schedule chowledge and inletrator
b Total number of participants c Number of participants wit complete this item)	ts at the end of the plan year	plan year (defined bender plan year	efit plans do not efits that were unless reasonable cau examined this return/report sion of this return/report LIONEL LEFEVR Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applica it, and to the best of my left. E ual signing as plan adm	5 4 4 0 ble, a Schedule chowledge and inletrator
b Total number of participant C Number of participants wit complete this item)	ts at the end of the plan year	plan year (defined bender plan year	efit plans do not efits that were unless reasonable cau examined this return/report sion of this return/report LIONEL LEFEVR Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applica it, and to the best of my left. E ual signing as plan adm	5 4 4 0 ble, a Schedule chowledge and inletrator

Page 2	
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Form	5500	0 =	201	А
Form	COULT	~~	701	4

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public accounta	nt (IQ	PA)			X		_	No No
С	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 PBGC in	ot use Fo	rm 5500-SF and must instea	d use	For	m 5500.					
	rt III Financial Information										
7	Plan Assets and Liabilities	3,020,000	(a) Beginning of Yea	ır	T		(b) End	of Y	ear		
a	Total plan assets	7a	2,382	***	2				2,34	7.	245
	Total plan liabilities	7b			0				_,	''' -	0
-	Net plan assets (subtract line 7b from line 7a)	7c	2,382	2.43	2				2,34	7.	245
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		╁	 -	(b) T			,	
	Contributions received or receivable from:		(4) 7 1110 11111		#					NEWA.	
	(1) Employers	. 8a(1)			0					75.46	
	(2) Participants	. 8a(2)			0					15 - 15 (A) 10 - 10 (A)	
	(3) Others (including rollovers)	. 8a(3)			0						
b	Other income (loss)	. 8b	(5,03	2		7.77.4		200		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	Participant of the state of the		(00 (0) (0)					6,	032
d	Benefits paid (including direct rollovers and insurance premiums	Onl	,) // 2	2				(0. , do) (, o /		
	to provide benefits)	. 8d	•	2,42							C
	Certain deemed and/or corrective distributions (see instructions)	. 8e	2,0		0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f	38	3,79	0 5						200000
<u>g</u>	Other expenses	. 8g		c	U		<u> </u>				27722
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			107						219
<u>į</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					,,,,		-3	35,	187
j	Transfers to (from) the plan (see instructions)	· 8j			0						
9a b	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D If the plan provides welfare benefits, enter the applicable welfare for								i:		
Par	AND THE STATE OF T										
10	During the plan year:				Yes	No	<u> </u>	Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con	rection Program)	10a		Х					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Х					
	Was the plan covered by a fidelity bond?			10c		Х					
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla		· · · · · · · · · · · · · · · · · · ·	10f		Х					
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10a		Х					
ŀ	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								10 10 10 10 10 10 10 10 10 10 10 10 10 1		
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 require	d notice or one of the	10i					7, 31, 344		
Par	VI Pension Funding Compliance					•					
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)							Х	Yes	П	No
118	Enter the unpaid minimum required contribution for current year fi	rom Sched				11a	0				
12			``	•		n 302 of	ERISA?	ΤГ	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.				and	l enter t Day		the le Yea		ling	

	Form 5500-SF 2014	Page 3 -				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	ule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year			12b	<u></u>	
		-				
C	Enter the amount contributed by the employer to the plan for this	s plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Entengative amount)			12d		
е					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 ye	er?		☐ Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the	employer this year		13a		
b	Were all the plan assets distributed to participants or beneficiarie of the PBGC?		under the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred the which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify th	ie plan(s) t	0		
	13c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Part	MIII Trust Information (optional)					
e	Name of trust		. [14b ⊺:	rust's EIN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

instructions

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

2014

This Form is Open to Public Inspection

Eor	calondar	nlan	voor 2014	or ficoal plan	ear beginning				and (ondina			
		•	•	earest dollar.					anu	ending			
						en en :							
			naity of \$1,	000 WIII be as	sessed for late	filing of this re	eport unless reaso	onable ca	use is estab	olisnea.		1	
AN	Name of p	olan							B Three	e-digit			
									plan ı	numbe	r (PN)	>	
									D				- 14 N
C	Plan spon	sor's	name as sh	nown on line 2	2a of Form 5500	or 5500-SF			D Emplo	yer lde	entificati	ion Number (E	EIN)
									<u> </u>				
Ет	ype of pla	an:	Single	Multiple-A	Multiple-B		F Prior year pl	an size:	100 or few	ver	101-5	00 🗌 More ti	han 500
Pa	art I	Basi	c Inform	ation									
1			uation date		Month	Day	Year						
2	Assets:		Janon date			,			_				
_			10							Г	2a		
	b Actua	arial va	alue								2b		
3	Funding	g targe	et/participa	nt count break	down				Number of rticipants	(,	ed Funding	(3) Total Funding Target
	a For re	atirad	narticinant	s and honofici	aries receiving	navment		Ρω.			10	arget	, u. got
					•								
	C For a	ctive	oarticipants	3									
	d Total												
4	If the pl	an is i	in at-risk st	atus, check th	e box and comp	olete lines (a)) and (b)						
	a Fund	ing tai	rget disrega	arding prescrit	bed at-risk assu	mptions				[4a		
							ansition rule for p				4b		
5					-	_	arding loading fa				5		<u> </u>
6											6		
											U		
		-	olled Actua	-	d in this schedule an	d accompanying	schedules statements	and attachm	ents if any is o	omnlete :	and accur	ate Fach nrescrih	ed assumption was applied in
;	accordance	with app	olicable law and	d regulations. In m	y opinion, each othe	r assumption is re	easonable (taking into a	ccount the e	xperience of the	plan and	d reasona	ble expectations)	and such other assumptions, in
		oller fi	iy best estimati	e or anticipated ex	perience under the p	ian.							
	SIGN												
Н	ERE												
				Signa	ature of actuary							Date	
				Type or p	rint name of act	uary					Most re	cent enrollme	ent number
				F	Firm name					Tele	phone r	number (inclu	ding area code)
												,	,
				٨٨٨	lress of the firm				_				
If the	actuary I	nas no	ot fully refle	cted any regu	lation or ruling	oromulgated	under the statute	in comple	eting this sch	nedule,	check	the box and s	see \square

n		2	
Pac	ıe.	Z	-

Schedule SB (Form 5500) 2014

(a) Carryover balance (b) Prefunding balance (b) Prefunding balance (a) Carryover balance (b) Prefunding balance (b) Prefunding balance (a) Carryover balance (b) Prefunding balance (b) Prefunding balance (c) Prefunding balance
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)
9 Amount remaining (line 7 minus line 8). 10 Interest on line 9 using prior year's actual return of
10 Interest on line 9 using prior year's actual return of
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess, if any, of line 38a from prior year)
a Present value of excess contributions (line 38a from prior year)
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 of% b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return
Schedule SB, using prior year's effective interest rate of%
return
d Portion of (c) to be added to prefunding balance
12 Other reductions in balances due to elections or deemed elections
Part III Funding Percentages 14 Funding target attainment percentage
Part III Funding Percentages 14 Funding target attainment percentage 14 15 Adjusted funding target attainment percentage 15 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 16 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17
14 Funding target attainment percentage 14 % 15 Adjusted funding target attainment percentage 15 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 16 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17 %
14 Funding target attainment percentage14%15 Adjusted funding target attainment percentage15%16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement16%17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage17%
15 Adjusted funding target attainment percentage
current year's funding requirement
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage
Tartiv Contributions and Equility Chortains
18 Contributions made to the plan for the plan year by employer(s) and employees:
(a) Date(b) Amount paid by(c) Amount paid by(a) Date(b) Amount paid by(c) Amount paid by(MM-DD-YYYY)employer(s)employees(MM-DD-YYYY)employer(s)employees
(MINI-DB-1111) employer(s) employees
Totals ▶ 18(b) 18(c)
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:
a Contributions allocated toward unpaid minimum required contributions from prior years
b Contributions made to avoid restrictions adjusted to valuation date
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date
20 Quarterly contributions and liquidity shortfalls:
a Did the plan have a "funding shortfall" for the prior year?
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?
C If line 20a is "Yes," see instructions and complete the following table as applicable:
Liquidity shortfall as of end of quarter of this plan year
(1) 1st (2) 2nd (3) 3rd (4) 4th

Pa	rt V Assumption	ns Used to Determine	Funding Target and Targe	t Normal Cost								
21	Discount rate:											
	a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %		N/A, full yield	l curve	used				
	b Applicable month (enter code)			21b							
22	Weighted average ret	irement age			. 22							
23	23 Mortality table(s) (see instructions)											
Pa	Part VI Miscellaneous Items											
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment												
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment											
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27			er applicable code and see instruc		27							
Pa	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years								
28		·	years		28							
29			unpaid minimum required contrib		29							
30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30							
Pa	rt VIII Minimum	Required Contribution	For Current Year									
31	Target normal cost ar	nd excess assets (see instruct	ions):									
	a Target normal cost ((line 6)			31a							
	b Excess assets, if ap	oplicable, but not greater than	line 31a		31b							
32	Amortization installme	ents:		Outstanding Bala	ance	Installm	ent					
	a Net shortfall amortize	zation installment										
	b Waiver amortization	n installment										
33			ter the date of the ruling letter grar)_and the waived amount		33							
34	Total funding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34							
			Carryover balance	Prefunding bala	nce	Total bala	ance					
35		use to offset funding										
36	Additional cash requir	rement (line 34 minus line 35)			. 36							
37			ontribution for current year adjuste		37							
38	Present value of exce	ss contributions for current ye	ar (see instructions)									
	a Total (excess, if any	γ, of line 37 over line 36)			38a							
	b Portion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b							
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39							
40	Unpaid minimum requ	uired contributions for all years	S		40							
Pai	rt IX Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)							
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:									
	a Schedule elected					2 plus 7 years	15 ye	ars				
	b Eligible plan year(s)) for which the election in line	41a was made		200							
42	Amount of acceleration	n adjustment			42							
		•	d over to future plan years		43							

Attachment to 2014 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name LIONEL &	MARIE EI	OITH F.	LEFEVRE,	PHYSICIANS, PC	DEFINED	BE EM :T1	1P+1.2A3N64&885			
Plan Sponsor's Name	LIONEL	LEFEVRE	AND MAR	E EDITH F. LE	FEVRE	PN:	003			
The weighted average retirement age is equal to the normal retirement age of $\frac{71}{}$.										
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.										
The method used to $\ $	determi	ne the A	verage R	etirement Age	is to we	ight the				
Retirement Age for	each ac	tive par	ticipant	by his or her	Funding	Target.				