Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Part	I Annual Report	Identification Information				
For cale	ndar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20)15	
A This	return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
B This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C Che	ck box if filing under:	X Form 5558 Special extension (enter description)	automatic extension		DFVC progr	am
Part I	I Basic Plan Info	rmation—enter all requested inf	formation			
1a Nar	ne of plan NEBRES, M.D. CASH BA	·		1b	Three-digit plan number (PN) ▶	002
				1c	Effective date of 01/0	plan 1/2012
Mai	ling address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C		2b	Employer Identif (EIN) 14-1	ication Number 836729
	PATEL, LLP	e, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c	Sponsor's telep	none number 73-3311
5 FOX R ATHAM,	UN NY 12110			2d	Business code (6211	,
3a Pla	n administrator's name an	d address XSame as Plan Spons	sor.		Administrator's I	EIN elephone number
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN	
a Spo	onsor's name			4c		
5a Tot	tal number of participants	at the beginning of the plan year		5	a	3
b Tot	tal number of participants	at the end of the plan year		5l	o	3
			the plan year (defined benefit plans do not	50	c	
d(1)	Total number of active par	ticipants at the beginning of the pl	an year	5d((1)	3
d(2)	Total number of active par	rticipants at the end of the plan yea	ar	5d((2)	0
th	an 100% vested		plan year with accrued benefits that were less	56		0
			n/report will be assessed unless reasonable cau			able a Cabadula
SB or S		nd signed by an enrolled actuary, a	ctions, I declare that I have examined this return/repas well as the electronic version of this return/report			

SIGN Filed with authorized/valid electronic signature. 10/10/2016 JOSE F. NEBRES, M.D. **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator

SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

	Form 5500-SF 2015		Page 2						
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and must	ccounta	ant (IQ ı d use	PA) Form	5500.	 	Yes No Yes No
		isurarice p	rogram (SCC ENIOA SC	CHOIT T	021):		103	<u> </u>	t determined
Pai									
	Plan Assets and Liabilities		(a) Beginning					(b) End of Y	
	Total plan assets	. 7a		492	143	_			459094
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		492	143				459094
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		-33	049				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-33049
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d			0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			0				
	Other expenses	. 8g			0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	8i							-33049
	Transfers to (from) the plan (see instructions)	8j							
Par									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instruction	S:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cterist	ic Coc	des in th	ne instructions	<u> </u>
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	An	nount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary 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			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ			
a	Did the plan have any participant loans? (If "Yes," enter amount a					X			
	If this is an individual account plan, was there a blackout period?	-	•	10g					
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h					
	exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?			10i		V			
J				10j		X		<u> </u>	
Part	• •								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······			·······				Yes No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a	<u> </u>	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	ne Cod	e or se	ction :	302 of F	ERISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifications are considered from the plan to another plan(s) and the plan to another plan (s).				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)
	100(1)	tuno oi piuntoj.	130(2)	L114(3)		130(3)	· v (3)
Dant		Turnet lafe una eti a c					
Part	Name c	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name C	n trust		175	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions		ı			
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
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)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		.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		∐ Ye	S	No	
	2(a)(2)	(ii))?		□ Ri	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con must have any other plans under the permissive aggregation rules?		Ye	s	No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants of the plants of the favorable letter/ and the letter's serial representations.		t to a fa	vorable I	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	Is the I	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. Virgir		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		," 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

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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

			File as a	an attach	nment to Form	5500 or	5500-SF.				
For	calendar	r plan year 2015 or fis	cal plan year beginning 0'	1/01/2015	5		and end	ing 12/3	31/2015		
•	Round o	off amounts to neare	st dollar.								
•	Caution:	: A penalty of \$1,000 v	will be assessed for late filing o	f this rep	ort unless reaso	nable ca	use is establish	ied.			
	Name of p						B Three-di	git			
JO	SE F. NE	EBRES, M.D. CASH E	BALANCE PLAN				plan nun	nber (PN)	•	002	
							_				
	•		on line 2a of Form 5500 or 550	00-SF			D Employer	Identifica	ition Number (E	IN)	
NE	BRES/P	ATEL, LLP						14-183	6729		
							<u> </u> =				
E 1	Type of pla	an: X Single M	lultiple-A Multiple-B		F Prior year pla	n size: 🗙	100 or fewer	101-5	More th	an 500	
Pá	art I	Basic Information	on								
1		he valuation date:		Day30	Year 2	2015					
2	Assets:										
	a Mark	et value						2a		4590	 094
	h Actus	arial value						2b		459	naz
3		g target/participant co					Number of		sted Funding	(3) Total Funding	
3	runain	g target/participant co	uni breakdown			` '	rticipants	. ,	Target	Target	
	a For re	etired participants and	beneficiaries receiving payme	ent			1		0		(
	h For t	erminated vested part	ticipants				0		0		
		·	iicipants				0		0		
									_		
							1		0		
4	If the pl	lan is in at-risk status,	check the box and complete lin	nes (a) aı	nd (b)						
	a Fund	ling target disregardin	g prescribed at-risk assumptior	าร				4a			
			t-risk assumptions, but disrega					4b			
	at-	-risk status for fewer t	han five consecutive years and	l disregar	rding loading fac	tor					
5	Effectiv	ve interest rate						5		0.00	%
6	Target	normal cost						6			C
		y Enrolled Actuary	ation are all at to this cash add a soul and a sound		h - dula				t. Fack accords	. d	
	accordance	with applicable law and regu	ation supplied in this schedule and accom lations. In my opinion, each other assump								
	combination	i, offer my best estimate of ar	nticipated experience under the plan.								
	SIGN										
Н	IERE						_		09/26/20	16	
			Signature of actuary						Date		
MA	RK VIDA	L, EA					_		14-0506	69	
		٦	Type or print name of actuary					Most i	recent enrollme	nt number	
СО	RNERST	ONE GENCORP							800-678	-1700	
			Firm name				т	elephone	number (includ	ling area code)	
		RSON BLVD., SUITE (RI 02886	3001								
v v /~\	a coviois, i	111 02000									
			Address of the firm				_				
			Address of the firm								

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Page	2	_

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding E	Balances							
							(a)	Carryover balance		(b) F	Prefund	ing balan	ce
7		U	. ,		cable adjustments (line 13				0				3151
8					unding requirement (line 3								
				•					0				0
9									0				3151
10	Interes	t on line 9	9 using prior year's	actual ret	urn of <u>1.15</u> %				0				36
11	-				d to prefunding balance:								
				`	38a from prior year)	•							37
					Ba over line 38b from prior $\sqrt{6}$ e interest rate of $\sqrt{5.19}$ %.								0
	b(2) li	nterest or	n line 38b from prio	or year Sch	nedule SB, using prior year	r's actual							
					ear to add to prefunding bala								0
	_		0 0	. ,									37
	a Porti	on of (c)	to be added to pre	tunding ba	alance								37
12	Other r	eductions	s in balances due t	to elections	s or deemed elections				0				0
13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 1	2)			0				3224
Pa	art III	Fun	ding Percenta	iges									
											14		0.00 %
			g target attainment	•							15	100	0.00 %
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	97	7.04 %	
17	If the c	urrent val	lue of the assets o	f the plan i	s less than 70 percent of the	he funding ta	get, enter s	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18					ear by employer(s) and em	<u> </u>				1			
(M	(a) Da [.] 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD		(b) Amount pa employer((0		ınt paid b ovees	у
		,			1 1 1		,		,			.,	
											•		
						Totals ▶	18(b)		0	18(c)			0
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	n a valuation	date after t	he beginning of the	e year:				
	a Conf	ributions	allocated toward u	ınpaid min	imum required contribution	ns from prior	/ears		19a				0
	b Cont	ributions	made to avoid res	trictions ad	djusted to valuation date				19b				0
					uired contribution for current	year adjusted	l to valuation	n date	19c				0
20		•	outions and liquidit	•								7 . · ·	7
	_		•		the prior year?						<u> </u>	Yes	No
					y installments for the curre	-	-	manner?				Yes	No
	C If line	e 20a is "	Yes," see instruction	ons and co	omplete the following table			nn voor					
		(1) 1:	st		Liquidity shortfall as of (2) 2nd	end of quarte	r of this pla	an year 3rd			(4) 4tl	h	
			0		0		` '	0				0	

Da	rt V	Assumption	ne Head to Dotarmina	Funding Target and Targe	at Normal Cost				
21	Discou		iis Osea to Determine	runung rangerand range	it Normal Cost				
		ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yie	ld curve	used
	b Appl	icable month (enter code)			21b			0
22	Weight	ted average ret	irement age			. 22			65
23		ty table(s) (see			scribed - separate	Substitu	te		
Pa	rt VI	Miscellane	ous Items			_			
24	Has a	change been m	ade in the non-prescribed act	uarial assumptions for the current				ed Yes	X No
25	Has a r	method change	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	tions regarding required	attachment	i	Yes	X No
27		•	•	er applicable code and see instruc	tions regarding	27			_
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid	l minimum requ	rired contributions for all prior	years		. 28			0
29				I 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			0
	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			0
				Carryover balance	Prefunding bala	nce	Total b	alance	
35			use to offset funding	0		0			0
36	Additio	nal cash requir	ement (line 34 minus line 35)			. 36			0
37				ontribution for current year adjuste		37			0
38	Presen	nt value of exce	ss contributions for current ye	ar (see instructions)					
	a Total	(excess, if any	v, of line 37 over line 36)			. 38a			0
	b Porti	on included in I	ine 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b			0
39	Unpaid	l minimum requ	ired contribution for current ye	ear (excess, if any, of line 36 over	ine 37)	. 39			0
40				S		. 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	elief for this plan:					
	a Sche	dule elected					2 plus 7 years	15 y	ears/
	b Eligib	ole plan year(s)	for which the election in line	41a was made		200	8 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 Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Partil Annual Report Identification Information	spection
For calendar plan year 2015 or fiscal plan year basinging	
A This return/report is for:	must attach
a list of participating employer information in accordance with the form	n instructions)
R This return/second !	
ule illiar letutiveport	
an amended return/report a short plan year return/report (less than 12 months)	
C Check box if films under:	·
- I DEVC program	1
special extension (enter description)	
Partill Basic Plan Information enter all requested information	
1a Name of plan	
Jose F. Nebres, M.D. Cash Balance Plan plan number	
	002
1c Effective date of p	olan
07/01/0010	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (Include room, apt., suite no. and street or P.O. Box) 2b Employer Identific	ation Number
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 14–1836	729
Mobros/Dodg-1 Vin	
2C Sponsor's telepho	
15 Fox Run 2d Business code (se	e instructions)
US Latham MY 12110	
3a Plan administrator's name and address 🗵 Same as Plan Sponsor Name	_
3b Administrator's Elf	v
i - II - I	
3c Administrator's tele	ephone number
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	
warra, 214, and the plan hamber from the last return/report.	
a Sponsor's name	
Total number of participants at the beginning of the plan year	
5b	3
C Number of participants with account helences as of the and of the state of the st	3
V Nombel of participants with account balances as of the end of the plan year (defined hereth size at the size at	
complete this item)	
complete this item)	
d(1) Total number of active participants at the end of the plan year d(2) Total number of active participants at the end of the plan year	3
turnibet of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3
turnber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3 0
turnber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3
turnbet of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3 0 0
turnber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3 0 0
turnber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3 0 0
turnbet of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3 0 0
turnber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3 0 0
turnber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	3 0 0 0 e, a Schedule owledge and
turniber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year full plan year dependent of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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 belief, it is true, correct, and complete. Sign July Jose F. Nebres, M.D. HERE Signature of plan administrator Date & C.(0, 70) Enter name of Individual signing as plan administrator	3 0 0 0 e, a Schedule owledge and
turnite of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year defined benefits that were described and signal defined benefits that were described and signal defined benefits that were described and signal defined by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my known as the plan year with accrued benefits that were decided benefits that the participants at the end of the plan year with accrued benefits that were decided benefit	3 0 0 0 e, a Schedule owledge and
thinbet of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year grade and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my kn belief, it is true, correct, and complete. Signature of plan administrator Date 6 C (0) Total number of active participants at the beginning of the plan year with accrued benefits that were set allowed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my kn belief, it is true, correct, and complete. Signature of plan administrator Date 6 C (0, Total number of active participants at the beginning of the plan year grade and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my kn belief. It is true, correct, and complete. Date 6 C (0, Total number of active participants at the beginning of the plan year grade and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my kn belief. It is true, correct, and complete. Date 6 C (0, Total number of active participants at the beginning of the plan year grade and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my kn belief. It is true, correct, and complete. Date 6 C (0, Total number of active participants at the end of the plan year grade and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my kn belief. It is true, correct, and complete grade and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my kn belief. It is true, correct at the plan year grade and year grade and year gr	3 0 0 0 e, a Schedule owledge and
thinber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year	3 0 0 e, a Schedule owledge and ator
turnite of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year defined benefits that were described and signal defined benefits that were described and signal defined benefits that were described and signal defined by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my known as the plan year with accrued benefits that were decided benefits that the participants at the end of the plan year with accrued benefits that were decided benefit	3 0 0 e, a Schedule owledge and ator
thinber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year	3 0 0 e, a Schedule owledge and ator
thinber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year	3 0 0 e, a Schedule owledge and ator
thinbet of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year	3 0 0 e, a Schedule owledge and ator
thinbet of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year	3 0 0 e, a Schedule owledge and ator

		1				-	1					
		}										
							:					
_	Form 5500-SF 2015			Page 2		ĺ	•					
68	Were all of the plan's assets during the plan year inve	eted in aliath	In a++-D			_	+	<u> </u>				
b	Are you claiming a waiver of the annual examination a	ond report of	ie assete? 20 ledeno:	(See instructions.)	*******	<u>†</u>	•••••	•		********	X Yes	□No
	UDGGC 29 CER 2520 104-462 (Con instruction of the contraction of the c					,	/	,				٦
	" you discovered the to entire wife on or like pp. th	A DIAD CAND	nt nee En		inste	end i		Ene	~~~~~~ ~~ EEOA	1000000	X Yes	_ No
C COV	210 plants a defined benealt plant, is it covered under	the PBGC in	nsurance p	rogram (see ERISA se	ction	402	1)?		["] Yes	₹ No	Not dete	armina
) F	artill Financial Information		· •			\dashv				[25] 140		717111161
7	Plan Assets and Liabilities			(a) Beginning	g of Y	ear.				(b) End o	yf Vaar	
<u>a</u>	Total plan assets		7a		492	- 1	-			(D) Enu (
<u>_b</u>	Total plan liabilitles		7b			^	Ī	Η.	· ·		459,0	94
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	******************			492	. 14	3		 -		459,09	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		276.64	(a) Amou		-	ļ			(b) To		74
	(1) Employers		8a(1)	''			<u>. i i</u>	186		100		
	(2) Participants		8a(2)		- :	· ++	2	· 海绵				
_	(3) Others (including rollovers)		88(3)	<u></u> .	_		11	Table				
ь	Other income (loss)		8b		33,0	14 91	.		ali alikiri			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	***************************************	8c				1	1000	MAN STATE STATE OF THE STATE OF		**************************************	474240-183
ď	Benefits pald (including direct rollovers and insurance p to provide benefits)	remiums			30800 BE-	251245-127	nta: Cass	25	2010 O		(33,049	i) Literatur
e	Certain deemed and/or corrective distributions (see inst		8d			¦C		1				
f	Administrative service providers (salaries, fees, commis		8e 8f	, , , , , , , , , , , , , , , , , , ,		- 0	÷	1029				
g	Other expenses		8g			- 0		200	A CONTRACTOR			
<u>_h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			بر نارت انا		2.45	#F1120260			
<u>_I</u> _	Net Income (Inec) (cubicost line Di formation on		81								/37 040	. —
Esemána Esemána	Transfers to (from) the plan (see instructions)		81	Talebase na series en monde en un aus en monte anna en enco	<u> </u>	SKID IN	76,436	NO.		Usara sana	(33,049) Merchan
	intilV® Plan Characteristics			<u> </u>		$^{+}$	- :-	10000	enangenangs			<u> </u>
9a	If the plan provides pension benefits, enter the applicable 1A 1C 3B	le pension fe	ature code	s from the List of Plan	Chara	acter	istic	Co	des in the	Internation		
	11 10 31					- 1						
ы	If the plan provides welfare benefits, enter the applicable	e welfare feat	ture codes	from the List of Plan C	barac	teris	tir: C	od	es in the i	nefriction		
13.565 est	nerelliaring								20 III (FIC II	131104401	ō.	
	TIVE Compliance Questions					1						
10	During the plan year:				i i .	Υe	3 1	Vo.	NZA	Aı	nount	
a	Was there a fallure to transmit to the plan any participa	ent contributi	ons within	the time period			1	_			iio ditt	
	described in 29 CFR 2510.3-102? (See instructions an Program)	id DQL's Void	untary Fide	uclary Correction	Ī		1					
d		-in-inforaet2	/Do not in		10a	1	4	Х	7.55			
	reported on line 10a.)	; ;***********************************	*************	· · · · · · · · · · · · · · · · · · ·	Нов	1	1	k.				
c	vvas the plan covered by a fidelity bond?	; .+++++=+=+=======		PI 104 fire a conservator participation and a conservator part	10c	+ +	-#	х				
d	Did the plan have a loss, whether or not reimbursed by by fraud or dishonesty?	the plan's fic	delity bond	, that was caused	:		7		**************************************			
e	Were any fees or commissions paid to any brokers, ag				10d		1	X				
	owner, modulation of the or other organization that ha	Minde cama	or all of the	+ L	1		1					
	and profit (Ode (i)Sudchol(6.)		*************	***************************************	10e		Ι,	x				
f	Has the plan falled to provide any benefit when due unc	ier the plan?	************		101	_	1	X				
<u>g</u>	Did the plan have any participant loans? (if "Yes," enter	amount as	of year end	1.)	10g	-	+		A Description		_	_
_ h	If this is an individual account plan, was there a blackou 2520.101-3.)	t period2 (C	a lacter-ti				1					
i —	If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CFF	provided the	Pagrificad w	-6: 6:11	10h	+	\dagger			17.0		
j	Did the plan trust incur unrelated business taxable incor	ne?			10i		-					
Pan	VIS Pension Funding Compliance	;			10j		1 3	y				
11	Is this a defined benefit plan subject to minimum funding	requiremen	ts? (If "Ye	s," see instructions and	comi	plete	Şç	ed	Jie SB (Fo	orm		
11a	Enter the unpaid minimum required contribution for curre										X Yes 🗌	No
12	Is this a defined contribution plan subject to the minimum	o fundantrom	schedule	8B (Form 5500) line 4	0			1	i1a			0
	The state of the s	runding rec	urrements	or section 412 of the C	ode c	r se	ctio.	ń 30	2 of ERIS	A2 [Yes X	Mo

Form 5500-SF 2015	Page 3-	÷				
(If "Yes," complete line 12e or lines 12b, 12c, 12d, and 12e below, as application of the second sec			+		·	
granting the waiver.	zed in this plan year, see in	struction	элв,	and enter	the date of the le	ter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	1 5500), and skin to line 1	<u> </u>	\vdash	Day	Year	
b Enter the minimum required contribution for this plan year				12b	1	
c Enter the amount contributed by the employer to the plan for this plan year	•••			. 12c	 -	
negative amount)	(enter a minus sign to the k	eft of a		124	 	
arrount reported on line 12d be met by the funding	deadline?				Yes No	<u> </u>
rian Terminations and Transfers of Assets			1 1	ĺ	Yes No	L N/A
13a Has a resolution to terminate the plan been adopted in any plan year?				_ X Y		
the the amount of any plan assets that reverted to the employer the	S Vear	ala ii.	1 T	1	ев <u>Мо</u>	
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	i to another plan, or brough	tunde	r th	control		<u> </u>
which assets or liabilities were transferred. (See Instructions.)	to another plan(s), Identify	the pla	n(s)	to	Yes	X No
13c(1) Name of plan(s):	<u> </u>	r i 		2 - /61 (71) /	. · · · · · · · · · · · · · · · · · · ·	
		 		3c(2) EIN	(S) 13c(B) PN(5)
		11		1 :		
Part VIII Trust Information		 			<u> </u>	,
14a Name of trust		 	\vdash			
				14b Tr	ust's EIN	
14c Name of trustee or custodian	<u> </u>	-	Ш			
· · · · · · · · · · · · · · · · · · ·				14d Tr	ustee or custodia hone number	n's
Part IX IRS Compliance Questions		4	<u> </u>		770715 (1011150)	
15a is the plan a 401(k) plan:		-				
				☐ Yes	☐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements fo matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	r employee deferrals and e	nploye	ir .	Desi base harb	o safe	/ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for peopleticly component of				meth	nod test	
testing method" for nonhighly compensated employees (Treas. Reg. section 1.4(2)(1))?	using the "current year)1(k)-2(a)(2)(ii) and 1.401(n	1)		☐ Yes	☐ No	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		
To a Check the box to indicate the method used by the plan to satisfy the coverage re	quirements under section 4	10(ь);		Ratio	_{entage} ∐ Avera	ige
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b this plan with any other plans under the permissive aggregation rules?) and 401(a)(4) by combini	ng	H	Test	Bene	fit Test
17a Has the Plan been timely amended for all required law changes?				Yes	No	
Date of the last plan amendment/restatement for the required to the		•	•••	ZeY 🔲	☐ No	☐ N/A
instructions for tax law changes and codes).	as adopted//	_ Ente	r the	applicabl	e code (Se	=
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or waster, prototype (M&P), or wa	olume submitter plan that is	s ຊົນb]e	ct to	a favorat	le IRS opinion or	
determination letter	letter from IRS, please en	er the	rietr	of plante	last fave	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ER made), American Samoa, Guam, the Commonwealth of the Northern Mariana Isla				- Platta	iast lavorable	_
19 Were in-service distribution	nds or the U.S. Virgin Islan	a\$)?		Yes	No	
If Yes, enter amount				Yes	□ No	
and retired and required distributions made to 5% owners who have attained and	O 14 (regardless - E b - st	+		19		
not retired) as required under section 401(a)(9)?	***************************************	<u></u>	<u>• </u>	Yes	N ₀	L_J N/A
			1 1			
				'		
		1.		:		
		1:11	1			

NEBRESCBAL

September 26, 2016

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

Jose F. Nebres, M.D. Cash Balance Plan 14-1836729 / 002 For the plan year 01/01/2015 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.

Schedule SB, Part V Summary of Plan Provisions

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

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

Employer: Nebres/Patel, LLP

Type of Entity - Limited Liability Partnership (LLP)

EIN: 14-1836729 TIN: 36-4744885 Plan #: 002 Plan Type: Cash Balance

<u>Dates:</u> Effective - 01/01/2012 Year end - 12/31/2015 Valuation - 09/30/2015

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

Early - Not provided

Average Compensation: Current compensation

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

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

Pay Credits - Classification Pay Credit Formula

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

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

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Provided in another plan

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

Line Armuity Guaranteeu for 10 Years

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

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

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

Schedule SB, Part V Summary of Plan Provisions

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

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

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	Older Bullott Calabathy Co. por Co.	> F	ile as an attach	ment to Form 5500 or	5500-SF.		
For	calendar plan year 2015 or fisca	l plan year beginning	01/0	1/2015	and endin	g 12/31/2	2015
►i	Round off amounts to nearest	dollar.					
<u> </u>	Caution: A penalty of \$1,000 will	be assessed for late	filing of this repo	ort unless reasonable c		d.	
	lame of plan				B Three-dig		
Jos	e F. Nebres, M.D. Cash	h Balance Plan			plan numl	per (PN)	▶ 002
C F	Plan sponsor's name as shown or	n line 2a of Form 550	00 or 5500-SF		D Employer id	entification Nu	ımber (EIN)
Neb	res/Patel, LLP				1	4-1836729	
ET	ype of plan: Single Multi	ple-A Multiple-t	3 F	Prior year plan size:	X 100 or fewer		More than 500
	Basic Information					48.5	
1	Enter the valuation date:	Month09	Day 3	0 Year 2015			
2	Assets:		——————————————————————————————————————				
	a Market value		• • • • • • • • • • • • • • • • • • • •	•••••		2a	459,094
	b Actuarial value	•••••	•••••	• • • • • • • • • • • • • • • • • • • •		2b	459,094
3	Funding target/participant coun	t breakdown:		(1) Number of participants	(2) Vested Tar		(3) Total Funding Target
	a For retired participants and b	eneficiaries receivino	payment	1		0	o C
	b For terminated vested particip	_				0	C
	C For active participants		• • • • • • • • • • • • • • • • • • • •			0	C
	d Total				<u>L</u>	0	C
4	If the plan is in at-risk status, ch			• •			
	a Funding target disregarding p	orescribed at-risk ass	sumptions	• • • • • • • • • • • • • • • • • • • •	•••••	4a	
	b Funding target reflecting at-risk at-risk status for fewer than				t have been in	4b	
5	Effective interest rate			********		5	0.00 %
6	Target normal cost			• • • • • • • • • • • • • • • • • • • •		6	
	ement by Enrolled Actuary						
acc	the best of my knowledge, the information s ordance with applicable law and regulations nbination, offer my best estimate of anticipal	s. In my opinion, each other	assumption is reasona	ules, statements and attachme	nts, if any, is complete a perience of the plan and	and accurate. Each d reasonable exped	presribed assumption was applied in stations) and such other assumptions, in
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ISN		<i></i>				
	ERE				-	09/2	6/2016
		Signature of actuar	y				Date
	Mark Vidal, EA	<u> </u>	•			14-0	5069
	,,	e or print name of ac	ctuary				enrollment number
	Cornerstone GE	INCORP				(800) 6	578-1700
	935 Jefferson	Firm name Blvd., Suite 3	3001		Tel	ephone numbe	er (including area code)
	US Warwick	RI O	2886				
	- Landen . Extractor	Address of the firm	n		•		
	actuary has not fully reflected ar	ny regulation or ruling	g promulgated un	der the statute in comp	leting this schedu	le, check the b	oox and see

Schedule	SB	/Form	5500)	2015

Pa	age 2	

	Schedu	ule SB (Form 5500) 2	2015		Page	2					
Part II Beginning of Year Carryover and Prefunding Balances											
	en De	giiiiiig or rear	Janyo	ver and riferanding bar	111062	(a)	Carryover balance	e	(b)	Prefund	ing balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							0			3,151
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			O
9								0		***	3,151
10	9 Amount remaining (line 7 minus line 8) 0 0 Interest on line 9 using prior year's actual return of 1.15%								36		
11	Prior year's	excess contributions	to be adde	ed to prefunding balance:							
	a Present v	alue of excess contr	ibutions (li	ne 38a from prior year)							37
			-	38a over line 38b from prior yeative interest rate of 5.19	ar . %						0
				chedule SB, using prior year's						, o	
	C Total avai	ilable at beginning of	f current pl	lan year to add to prefunding ba	alance .						37
	d Portion of	f (c) to be added to p	refunding	balance							37
12	Other reduct	ions in balances due	to electio	ns or deemed elections				0			0
13	Balance at b	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				0			3,224
Pa	rt III 📗 F	unding Percent	ages								
14	Funding targ	et attainment percer	ntage	***************************************						14	100.00 %
_15	Adjusted fun	ding target attainme	nt percenta	age						15	100.00 %
	current year'	s funding requireme	nt	es of determining whether carry	• • • • • • • • • • • • • • • • • • • •				uce	16	97.04 %
17	If the current	value of the assets	of the plar	is less than 70 percent of the	funding ta	rget, enter	r such percentage		• • • • • • • • • • • • • • • • • • • •	17	0.00 %
Pa	rt IV C	ontributions ar	nd Liquid	dity Shortfalls							
18				year by employer(s) and employer	yees:						
(MN	(a) Date M-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) (MM-D) Date D-YYYY)	(b) Amoun employ		у		unt paid by loyees
							·				
											
					Totals	▶ 18(b)			0 18(c)	1	
19	Discounted e			structions for small plan with a			the beginning of t	ho uoos		1	0
				inimum required contributions fi				19a	: 		
	_			adjusted to valuation date				19b		·	0
				•			ŀ				0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c										
	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) 4t	n
											·····

Pa	Part V Assumptions Used To Determine Funding Target and Target Normal Cost						
21	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 month	(enter code)			21b	0	
22	Weighted average re	etirement age			22	65	
23	Mortality table(s) (se	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	ite	
Pa	rt VI Miscellane	eous items					
24	Has a change been	made in the non-prescribed ac	tuarial assumptions for the curren	plan year? If "Yes," see	e instruction	ns regarding required	
	attachment			· · · · · · · · · · · · · · · · · · ·		Yes X No	
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required atta	chment .	Yes X No	
26	Is the plan required t	to provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	d attachmei	nt Yes 🗓 No	
27			ter applicable code and see instru		27		
Pa	rt VII Reconcili	ation of Unpaid Minimι	ım Required Contribution	s For Prior Years			
28	Unpaid minimum red	quired contributions for all prior	years		28		
29			d unpaid minimum required contrib		29	(
30			ntributions (line 28 minus line 29)		30		
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost a	and excess assets (see instruct	tions):				
					31a	(
	_		line 31a		31b	(
32	Amortization installm	nents:		Outstanding Bal	ance	Installment	
	a Net shortfall amort	tization installment			0	(
	b Waiver amortization	on installment			0	(
33	If a waiver has been (Month		nter the date of the ruling letter gra		33		
34	Total funding require	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	(
			Carryover balance	Prefunding Bala	ance	Total balance	
35	Balances elected for requirement	use to offset funding	0		0	(
36					36	(
	Contributions allocat	37					
38	(line 19c)						
					38a		
					38b		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						
40 Unpaid minimum required contributions for 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						
	b Eligible plan year(s) for which the election in line 41a was made						
42					42		
43	Excess installment ac	cceleration amount to be carried	d over to future plan years		43		

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

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

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

Valuation Date:

09/30/2015

Funding Method:

As prescribed in IRC Section 430

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

Retrospective Compensation - Current compensation

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

Interest Rates

permitted under IRC 430(n)(2)(C)					
Segment #	Year	Rate %			
Segment 1	0 - 5	1.34			
Segment 2	6 - 20	4.03			
Segment 3	> 20	5.06			

Segment rates for the Valuation Date as

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA					
Segment #	Year	Rate %			
Segment 1	0 - 5	4.72			
Segment 2	6 - 20	6.11			
Segment 3	> 20	6.81			

Pre-Retirement - Mortality Table -

Turnover/Disability -

None None

Salary Scale -

None

Interest Credit Rate -

Current Yr - 5% Projected Yrs - 5%

Expense Load -Ancillary Ben Load - None

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 -

183F - 1983 Individual Annuity (female)

Permissively Aggregated Plans - Tested as a Single Plan

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

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

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

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