### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

SIGN HERE Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	<b>Identification Informatio</b>	n					
For calenda	ar plan year 2015 or fi	scal plan year beginning 12/31	/2015		and ending 1	2/30/2	016	
A This ret	urn/report is for:	a single-employer plan a one-participant plan	lis		an (not multiemployer) ployer information in a	•	•	
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	=	e final return/report short plan year return	n/report (less than 12 n	nonths	)	
C Check I	box if filing under:	X Form 5558 Special extension (enter des	ш	utomatic extension			DFVC prog	ram
Part II	Basic Plan Info	prmation—enter all requested	informatio	on .				
1a Name	of plan	EVRE, PHYSICIANS,PC DEFINE					Three-digit plan number (PN) •	003
						10		31/1991
Mailing	address (include roo	yer, if for a single-employer plan m, apt., suite no. and street, or P	O. Box)			2b	Employer Identi	
		e, country, and ZIP or foreign po VRE PHYSICIANS PC	stal code	(if foreign, see instr	uctions)	2c	Sponsor's telep	phone number 29-2381
3101 CLARE BROOKLYN,	NDON ROAD NY 11226					2d	Business code 621	(see instructions)
3a Plan a	dministrator's name a	nd address XSame as Plan Spo	nsor.			3b	Administrator's	EIN
						3c	Administrator's	telephone number
name	, EIN, and the plan nu	e plan sponsor has changed sind mber from the last return/report.	e the last	t return/report filed fo	or this plan, enter the		EIN	
	or's name					4c	1	5
_		at the beginning of the plan year				·		
		at the end of the plan year				. 5	D	5
compl	ete this item)	account balances as of the end o				·	C	
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the	plan yea	r		. 5d		4
		rticipants at the end of the plan y				. 5d	(2)	4
than	100% vested	terminated employment during the				5		0
		or incomplete filing of this reture her penalties set forth in the instr						cable a Schedule
SB or Sche		nd signed by an enrolled actuary						
SIGN	Filed with authorized	/valid electronic signature.		10/05/2017	LIONEL LEFEVRE			

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

F	orm 5500-SF 2015		Page 2							
<b>b</b> Are you under 29	of the plan's assets during the plan year invested in eligib claiming a waiver of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility aswered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	
-	n is a defined benefit plan, is it covered under the PBGC in						-	× No □	Not deter	mined
	Financial Information				0=1)1	Ц				
	ets and Liabilities		(a) Beginning	of Vo				(b) End	of Vear	
	n assets	. 7a	(a) Beginning	2347				(b) Liiu	24328	882
	n liabilities				0					0
	assets (subtract line 7b from line 7a)			2347	245				24328	382
	Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
<b>a</b> Contribut	ions received or receivable from:	. 8a(1)	(1)		0			<b>\'-</b>		
<b>(2)</b> Parti	cipants	. 8a(2)			0					
(3) Othe	rs (including rollovers)	. 8a(3)			0					
<b>b</b> Other inc	ome (loss)	. 8b		123	3404					
<b>C</b> Total inc	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1234	l04
	paid (including direct rollovers and insurance premiums e benefits)	. 8d			0					
	eemed and/or corrective distributions (see instructions)	. 8e			0					
	rative service providers (salaries, fees, commissions)	. 8f		37	767					
	penses	. 8g			0					
h Total exp	enses (add lines 8d, 8e, 8f, and 8g)								377	′67
	ne (loss) (subtract line 8h from line 8c)								856	37
j Transfers	s to (from) the plan (see instructions)	. 8j			0					
Part IV	Plan Characteristics									
	an provides welfare benefits, enter the applicable welfare for properties of the compliance Questions	feature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instruct	ions:	
10 During	the plan year:				Yes	No	N/A		Amount	
descrit	ere a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's \m)	oluntary F	iduciary Correction	10a		X				
	ere any nonexempt transactions with any party-in-interest			10b		X				
<b>C</b> Was th	e plan covered by a fidelity bond?			10c		X				
	plan have a loss, whether or not reimbursed by the plan's	•		10d		X				
carrier,	ny fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides som no (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	an?		10f		X				
<b>g</b> Did the	plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Χ				
	an individual account plan, was there a blackout period?	•		10h						
<b>i</b> If 10h v	vas answered "Yes," check the box if you either provided the consist of providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j Did the	plan trust incur unrelated business taxable income?			10j						
Part VI Po	ension Funding Compliance									
11 Is this a	defined benefit plan subject to minimum funding requirem				•			•	X Yes	No
11a Enter th	e unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0	<u></u>		11a			0
12 Is this a	a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

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

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

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

2015

This Form is Open to Public Inspection

Fo	r calendar	plan year 201	5 or fiscal plan ye	ear beginning	12/31/2015		and end	ng 12/3	0/2016	
•	Round of	f amounts to	nearest dollar.							
•	Caution:	A penalty of \$	1,000 will be ass	essed for late filing	of this report unle	ss reasonable c	ause is establish	ed.		
	Name of p		F. LEFEVRE, PH	IYSICIANS,PC DEF	INED BENEFIT F	PLAN & TRUST	B Three-dipplan num	-	•	003
_	D			(F 5500 5	-00.05		D = .			TA IX
			F. LEFEVRE PH	a of Form 5500 or 55 YSICIANS PC	500-SF		<b>D</b> Employer	11-2864	ion Number (E 1885	IN)
Ε	Type of pla	n: X Single	Multiple-A	Multiple-B	F Prior	r year plan size:	X 100 or fewer	101-50	00 More th	an 500
Р	art I	Basic Infor	mation							
1	Enter th	e valuation da	te: N	Month	Day <u>31</u>	Year <u>2015</u>	_			
2	Assets:									
	<b>a</b> Marke	t value						2a		2256621
	<b>b</b> Actua	rial value						2b		2256621
3	Funding	target/particip	oant count break	down		` '	Number of articipants	,	ted Funding arget	(3) Total Funding Target
	<b>a</b> For re	tired participa	nts and beneficia	aries receiving paym	ent		0		0	0
	<b>b</b> For te	rminated vest	ed participants				1		15622	15622
	<b>c</b> For ac	ctive participan	ıts				4		1826228	1826228
	<b>d</b> Total						5		1841850	1841850
4				box and complete		•	<u> </u>		•	
	<b>a</b> Fundi	ng target disre	garding prescrib	ed at-risk assumption	ons			4a		
				Imptions, but disregationsecutive years an				4b		
5	Effective	e interest rate.						5		6.21%
6	Target r	normal cost						6		0
	To the best of accordance we combination,	vith applicable law	e information supplied and regulations. In my							ed assumption was applied in nd such other assumptions, in
	SIGN HERE								09/28/20	17
			Signa	ture of actuary					Date	
WI	LLIAM J. C	CLEMANS, E.A	۸.						17-0714	19
			Type or pri	int name of actuary				Most re	ecent enrollme	nt number
LC	NG ISLAN	D EMPLOYEE	BENEFITS GR	OUP					631-273	-9220
		SS BOULEVA E, NY 11788		ïrm name			Т	elephone	number (includ	ling area code)
			Addr	ess of the firm						
If th	e actuary h	nas not fully ref	flected any regul	ation or ruling promi	ulgated under the	statute in comp	leting this schedu	ule, check	the box and se	ее П
ineti	ructions	•								

Page	2	_

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding B	Balances						
-				<i>.</i>			(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		0	0 1 7		cable adjustments (line 13				12287			0
8	Portion	elected t	for use to offset pr	ior year's f	unding requirement (line 3	5 from						
9						-		•	12287			0
10					urn of <u>-1.45</u> %				-178			0
11	-				d to prefunding balance:							
				`	38a from prior year) Ba over line 38b from prior	-						0
					re interest rate of <u>6.40</u> %.							0
	` '		•	•	nedule SB, using prior year							
					ear to add to prefunding bala							0
	_											0
	<b>a</b> Porti	on of (c)	to be added to pre	efunding ba	alance							0
12	Other r	eductions	s in balances due	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)			12109			0
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	121.86 %
			g target attainmen								15	122.51 %
16					of determining whether ca						16	134.54 %
17	If the c	urrent val	lue of the assets o	f the plan i	s less than 70 percent of th	ne funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and em	nployees:						
(N/	( <b>a)</b> Da <sup>.</sup> 1M-DD-Y		( <b>b</b> ) Amount pa		(c) Amount paid by employees	(a) D (MM-DD-		( <b>b)</b> Amount pa employer(s		(0		int paid by ovees
(		,	Ginployer	.0)	difficycoo	(111111 22	,	omployer(	-)		ОПР	
						Totals ▶	18(b)		0	18(c)		0
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	n a valuation o	late after th	ne beginning of the	year:			
	<b>a</b> Cont	ributions	allocated toward	unpaid min	imum required contribution	ns from prior y	ears		19a			0
	<b>b</b> Cont	ributions	made to avoid res	trictions ac	djusted to valuation date				19b			0
	<b>C</b> Cont	ributions a	allocated toward mi	nimum req	uired contribution for current	year adjusted	to valuatior	n date	19c			0
20	Quarte	rly contrib	outions and liquidit	y shortfalls	s:						-	
	<b>a</b> Did t	he plan h	nave a "funding sh	ortfall" for t	he prior year?							Yes X No
					installments for the currer	-	-	manner?				Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	emplete the following table							
		(1) 1:	st		Liquidity shortfall as of (2) 2nd	end of quarter	of this pla (3)	n year 3rd			(4) 4tl	n
		(1)	-		(-) -110		(0)	<u></u>			<i>\'')</i> →u	•

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arget Normal Co	ost				
21	Discou	unt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd s	segment: 6.81 %		N/A, full yiel	d curve	e used
	<b>b</b> App	licable month (	enter code)				. 21b			0
22	Weigh	ted average ret	tirement age				. 22			71
23	Mortal	ity table(s) (se	e instructions)	escribed - combined	Prescribed - separa	ate	Substitu	ıte		
Pa	rt VI	Miscellane	ous Items							
24		•	nade in the non-prescribed act	·				· · · -	d Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instruc	tions regarding requ	ired attac	chment		Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding	required	attachmen	t	Yes	X No
27		•	o alternative funding rules, en	• •			27			
Pa	rt VII		ation of Unpaid Minimu							
28	Unpai		uired contributions for all prior	•			. 28			0
29			contributions allocated toward			•	29			0
30	Rema	ining amount of	f unpaid minimum required cor	ntributions (line 28 minus line	29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	<b>a</b> Targ	et normal cost	(line 6)				. 31a			0
	<b>b</b> Exc	ess assets, if ap	pplicable, but not greater than	line 31a			. 31b			0
32	Amort	ization installme	ents:		Outstan	ding Bala	ance	Installı	nent	
	<b>a</b> Net	shortfall amorti	zation installment				0			0
	<b>b</b> Wai	ver amortizatio	n installment				0			0
33			approved for this plan year, en Day Year	•	0 11		33			
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a - 31b + 32a + 32	2b - 33)	. 34			0
				Carryover balance	Prefund	ding bala	nce	Total ba	lance	
35			use to offset funding		0		0			0
36	Additio	onal cash requi	rement (line 34 minus line 35)				36			0
37			ed toward minimum required c			ate	37			0
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)			·			
	<b>a</b> Tota	l (excess, if an	y, of line 37 over line 36)				. 38a			0
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding stand	ard carryover balanc	es	. 38b			0
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36	over line 37)		. 39			0
40	Unpai	d minimum requ	uired contributions for all years	3			40			0
Pai	t IX	Pension	Funding Relief Under F	Pension Relief Act of 2	010 (See Instru	ctions	)			
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	<b>a</b> Sche	edule elected						2 plus 7 years	15 y	years
	<b>b</b> Eligi	ible plan year(s	) for which the election in line	41a was made			200	08 2009 201	0	2011
42			on adjustment				42			
			celeration amount to be carrie				43			

### Schedule SB, Part V - Statement of Actuarial Assumptions

**Target Assumptions:** 

**Options:** 

Male Nonannuitant: 2015 Nonannuitant Male Female Nonannuitant: 2015 Nonannuitant Female

**Use discount rate transition:** 

Yes No

**Male Annuitant:** 2015 Annuitant Male

Lump sums use proposed regulations: Yes

Use optional combined mortality table for small plans:

Female Annuitant: 2015 Annuitant Female

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: No

**Annuitant:** 

2015 Applicable

<u>3rd</u>

<u>1st</u> <u>2nd</u> <u>3rd</u> **Segment rates:** 1.39 3.98 5.00 **High Quality Bond rates:** N/A N/A N/A Final rates: 4.72 6.11 6.81

0.00

**Current:** 

1.76

5.13

2nd

4.15

Override:

0.00

<u>1st</u>

0.00 0.00

Salary Scale

Override:

Male: 0.00% 0.00% Female:

**Late Retirement Rates** 

0.00

0.00

Male: Female: N/A N/A

N/A

N/A

**Withdrawal** 

Male: N/A Female: N/A Marriage Probability

Setback 0

Male: 0.00% Female: 0.00%

Withdrawal-Select

**Expense loading:** 

Male: N/A Female: N/A

**Disability Rates** 

Early Retirement Rates

Male: N/A Female:

Male:

N/A

N/A

0.00%

Female:

N/A

Male:

Female:

**Mortality** 

**Setback** 0

0

**Subsidized Early Retirement Rates** Male:

Female:

N/A N/A

Name of Plan: Plan Sponsor's EIN: LIONEL & MARIE EDITH F.LE

Plan Number:

11-2864885 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: 22
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<br/>1000Died<br/>1000Disabled<br/>1000Retired<br/>1000Terminated<br/>1000Precision:<br/>Limit current credit

to: N/A

Years based on:ServiceCap/floor years:20Maximum past accrual years:0.0000Cap or floor:CapMethod:FractionalAccrual % per year:0.00%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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

# 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 Refirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

2015

OMB Nos. 1210-0110 1210-0089

	rs Security Administration		Revenue Code (the Code	).	This Form is Open to Public Inspection
	l Guaranty Corporation			uctions to the Form 5500-SF.	L'anno mehannon
		dentification Information			
For calendar p		cal plan year beginning	12/31/2015		2/30/2016
A This return		a single-employer plan a one-participant plan		an (not multiemployer) (Filers of ployer information in accordance	<del></del>
<b>B</b> This return.	report is	the first return/report	the final return/report		
	7-2-1-1	an amended return/report	a short plan year return	n/report (less than 12 months)	
C Check box	of filing under:	Form 5558	automatic extension		DFVC program
Part II	Basic Plan Info	mation—enter all requested in			
1a Name of	plan	F. LEFEVRE, PHYSICI		pl (F 1c E)	nree-digit an number (N) 003  ffective date of plan 2/31/1991
Mailing a City or to	ddress (include room	ver, if for a single-employer plan) n apt., suite no. and street, or P.G. n, country, and ZIP or foreign pos	). Box) al code (if foreign, see instr	2b Er (E 2c S	mployer Identification Number IN) 11-2854885 ponsor's telephone number
FEYSIC A		r , 122 H V - ND			718) 629-2381 usiness code (see instructions)
3101 CLA	RENDON ROAD			6	21111
BROOKLYN			NY	11226	
					dministrator's telephone number
name, E	IN, and the plan nun	plan sponsor has changed since aber from the last return/report.	the last return/report filed for		
a Sponsor				4c P	
5a Total nui	mber of participants	at the beginning of the plan year.		P	5
		at the end of the plan year			5
		account balances as of the end of			- ATAMAN - 12'
d(1) ⊺otal d	number of active par	ticipants at the beginning of the p	lan year,	5d(1	<b>)</b> 4
d(2) Total	number of active par	ticipants at the end of the plan ye	ar	5d(2	} 4
		terminated employment during th		1 00	0
Caution: A p Under penalti SB or Schedu	enalty for the late one of periory and other	or incomplete filing of this rotul fer penalties set forth in the Instru id signed by an enrolled actuary,	n/report will be assessed ctions, I declare that I have	unless reasonable cause is es examined this return/report, inci	uding, if applicable, a Schedule
SIGN		THEN	10/5/11	LICNEL LEFEVRE	
HEDE -	Signature of plan a	dministrator	Date	Enter name of individual signi	ng as plan administrator
SIGN HERE					
	Signature of emplo me (including firm n	yer/plan sponsor ame, f applicable) and address (i	Date nolude room or suite numbe		ng as employer or plan sponsor er's telephone number
riaparei s lla	то (помину пин п	and the second of the second of		, repair	

Form 5500-SF 2015		Page 2			_					
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can	an Indeper and condit not use Fo	ndent qualified public actions.) rm 5500-SF and must	counta instead	nt (IQF I use f	A) orm	5500.		X Yes		No
C If the plan is a defined benefit plan, is it covered under the PBGC	nsurance p	rogram (see ERISA sec	tion 40	21)?		Yes X	№	Not deten	nined	
Part III Financial Information	<del></del>				1					
7 Plan Assets and Liabilities	1	(a) Beginning	of Yea 2,347		+		(b) End o	fYear 2,43	12. E	82
a Total plan assets	7a		., 55 .	, 2, 3	<del> </del>				72,70	<del>-</del>
b Total plan liabilities	, ,		2,347		╀	·		2,43	32 8	82
C Not plan assets (subtract line 7b from line 7a)	7c			, 2 3 0	<del>\</del>		(b) To		12,0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amour	mx.		<b></b> -		(6) 10	uai		
(1) Employers	. 8a(1)			Ç						<del></del>
(2) Participants	., 8a(2)			0	<del> </del>	· 			•	
(3) Others (including rollovers)	. Ba(3)				-	*				
b Other income (loss)	. Bb		123	404	-		<del></del>			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-			т.	23,4	.04
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			(	)   					
e Certain deemed and/or corrective distributions (see instructions).	8e			(	)					
f Administrative service providers (salaries, fees, commissions)	8f		37	7,767						
g Other expenses	8g			(	)	•				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				37,	
i Net income (loss) (subtract line 8h from line 8c)					1_				85,6	537
j Transfers to (from) the plan (see Instructions)	8j				<u> </u>		<u> </u>			<u> </u>
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 1 A 1 = 3 D	n feature c	odes from the List of Pla	an Chai	racteris	stic Co	des in t	he instruc	tions:		
B If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Plan	n Chara	cterist	ic Cod	les in th	e Instructi	ons;		
If the pion provides fielding satisfies and appreciate contract							_			
Part V Compliance Questions										
10 During the plan year:				Yes	Νo	N/A		Amount		
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-intereseported on line 10a.)	st? (Do no	include transactions	10b		Х					
C Was the plan covered by a fidelity bond?		·	10c	ļ	х					
d Die the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity b	ond, that was caused	10d		Х					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides services.	ome or all d	of the benefits under	10e		×					
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan.			$\vdash$			· · · · · · · · ·	<del></del>			
		,	10F	<u> </u>	X		<del></del>		·	
g Did the plan have any participant loans? (If "Yes," enter amoun			10g	-	Х	<del> </del>		<del></del>		
h If this is an individual account plan, was there a blackout period 2520 101-3.)			10h	ļ		<u> </u>			<del>_,</del>	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	101-3	******************************	10i	<u> </u>			<u></u>			
Did the plan trust incur unrelated business taxable income?			10j	<u> </u>	<u> </u>	<u></u>	<u> </u>			
Part VI Pension Funding Compliance  11 Is this a defined benofit plan subject to minimum funding require	omanto? (14	"Yes" see instructions	and co	malete	Sche	dule SR	(Form			
5500) and line 11a below)	***********	*************************				····	Ci Gilli	X Ye	s 📗	No
11a Enter the unpaid minimum required contribution for all years fro							<u> </u>		_ 5	No.
12 Is this a defined contribution plan subject to the minimum fund	ng requirer	ments of section 412 of	the Cod	ne or s	ection	302 of	ERISA?	Ye	o X	140

	Form 5500-SF 2015 Page 3 -	<u>.</u>				
(If "Y	res." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a s	wa ver of the minimum funding standard for a prior year is being amoritzed in this plan year, see ins uting the waiver.	lonth	nter the Day	date of th	e letter rulir Year	ng gr
If you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	<del> </del>			
<b>b</b> Enter	the minimum required contribution for this plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12b			
r. Enlec	the amount contributed by the employer to the plan for this plan year		12c			
d Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a	12đ			
	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					
	a resolution to terminate the plan been adopted in any plan year?			Yes	₹ No	
	es," enter the amount of any plan assets that reverted to the employer this year		13a	inal .	<del></del>	•
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough					
of th	re all the plan assets distributed to participants of behandaires, transferred to another plant, or bloom ne PBGC?				Yes 🛛 N	
whi	ch assets or liabilities were transferred. (See instructions.)	13c(2)	EIN(e)		13c(3) P	N/e)
13c(1	) Name of plan(s):	134(2)	⊢⊓4(2)		100(0) F	11(4)
Part VIII	Trust Information					
14a Name			14b 1	rust's EIN		
		<u>'</u>		-		
14c Nar	ne of trustee or custodian	***		Trustee's telephone	or custodia	ın's
				telephone	Tidifficel	
Part IX	IRS Compliance Questions		_			
15a (s.)	ne planis 401(k) plan?		Ye		No	
15b 'f "Y mat	es " how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals arching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	ba ha	esign- ased safe arbor ethod	ADP test	
10.01	e ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "original new method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1. (2)(ii))?	401(m)-	Ye	9	No	
<b>16a</b> Che	ick the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	, LJ ρ <sub>1</sub>	atio ercentage est		rage efit test
16b Dos	es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cor plan with any other plans under the permissive aggregation rules?	nbining	Y	∍ş	∏ No	
17a Has	s the plan been timely amended for all required tax law changes?		[] Y	es	No	NIA
for	ate the last plan amendment/restatement for the required tax law changes was adopted	Enter the ap	•		(See inst	
17c if th	e plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p isnry etter, enter the date of that favorable letterand the letter's serial n	umber				or
17d If the	e plan is an individually-designed plan and received a favorable determination letter from the IRS. emination letter		f the pla	ın's last fa	vorable	
18 ls !	he Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(iX) de), American Samca, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgi	2) has been n Islands)?	Ye	s	No	
	re-n-service distributions made during the plan year?		Y	es	∏No	
It "	res," enler amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19			
20 We	re required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of veret), as required under section 401(a)(9)?	vhether or not	Y	es	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).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 12/31/2015	and endir	ng	12/30	)/2016
Round off amounts to nearest dollar.				
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cause is establishe	ed.		
A Name of plan	<b>B</b> Three-dig	it		
LIONEL & MARIE EDITH F. LEFEVRE, PHYSICIANS, PC DEFIN	IED BENEFIT <b>ÞÍAÐIÐAÐ</b>	bear (PN)		003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer I	dentifica	tion Number (E	IN)
LIONEL LEFEVRE AND MARIE EDITH F. LEFEVRE	11-2864			,
E Type of plan: X Single Multiple-A Multiple-B F Prior year p	lan size: 🛛 100 or fewer	101-5	00 More th	an 500
Part I Basic Information			<u> </u>	
1 Enter the valuation date: Month 12 Day 31 Year	2015			
2 Assets:				
a Market value		2a	<b>9921,995</b> , - 100 main 1100 1100	2,256,621
<b>b</b> Actuarial value		2b		2,256,621
3 Funding target/participant count breakdown	(1) Number of	``	ted Funding	(3) Total Funding
- analy to get part of the country	participants	` '	arget	Target
a For retired participants and beneficiaries receiving payment	. 0		0	0
<b>b</b> For terminated vested participants	. 1		15,622	15,622
C For active participants	. 4	1	,826,228	1,826,228
<b>d</b> Total	. 5	1	,841,850	1,841,850
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions		4a		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for		4b		
at-risk status for fewer than five consecutive years and disregarding loading fa	actor			
5 Effective interest rate		5		6.21%
6 Target normal cost		6		0
Statement by Enrolled Actuary	and disclosure of the contract of		e 1 9	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations, in rify opinion, each other assumption is reasonable (taking into combination, offer my best estimate of anticipated experience under the plan.	s and attachments, if any, is comple account the experience of the plan	ne and accu and reason:	rate. Each prescribe able expectations) a	d assumption was applied in nd such other assumptions, in
			<u> </u>	
HERE   // //			09/28/20	17
Signature of actuary			Date	_
WILLIAM J. CLEMANS, E.A.			17-0714	
Type or print name of actuary LONG ISLAND EMPLOYEE BENEFITS GROUP			ecent enrollme (631) 273-9	
Firm name 325 WIRELESS BOULEVARD	Ie	нернопе	number (includ	ing area code)
HAUPPAUGE NY 11788				
Address of the firm				
f the actuary has not fully reflected any regulation or ruling promulgated under the statute nstructions	in completing this schedu	le, check	the box and se	ee [

⊃ade <b>2</b>	? - □	
---------------	-------	--

Pa	art Ii Beginning of Year	Carryover and Prefunding B	alances								
<u> </u>				(a) (	Carryover balance		( <b>b</b> ) Pr	efundi	ng balance		
7	Balance at beginning of prior yea year)	•		287			0				
8		orlor year's funding requirement (line 3									
9	Amount remaining (line 7 minus l	ine 8)			12,	287			0		
10	Interest on line 9 using prior year	's actual return of <u>-1.45</u> %			-	178			0		
11	Prior year's excess contributions	cess contributions to be added to prefunding balance:									
	a Present value of excess contrib	butions (line 38a from prior year)						0			
	<b>b(1)</b> Interest on the excess, if ar Schedule SB, using prior ye	ny, of line 38a over line 38b from prior ear's effective interest rate of $6 \cdot 40\%$ .	year								
	b(2) Interest on line 38b from pr	ior year Schedule SB, using prior year	's actual						0		
						# 147 A			0		
	C Total available at beginning of cu	ırrent plan year to add to prefunding bala	nce						0		
	<b>d</b> Portion of (c) to be added to pr	refunding balance							0		
12	Other reductions in balances due	to elections or deemed elections			***************************************	0	4.		0		
		rear (line 9 + line 10 + line 11d – line 12			12,	109			0		
(AV 1.5 M)	art III Funding Percent	* <del> </del>	,	1				~~			
		ntage						14	121.86 %		
	Adjusted funding target attainmen					***************************************		15	122.51 %		
		nt percentage ·or purposes of determining whether ca				radura			122.51 %		
.0		nt					16 134.54 %				
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										
P	art IV Contributions ar	nd Liquidity Shortfalls			,				·		
18		or the plan year by employer(s) and em	ployees:	·					· · · · · · · · · · · · · · · · · · ·		
	(a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid								nt paid by		
(M	IM-DD-YYYY) employer	r(s) employees	(MM-DI	D-YYYY)	employer(s)	employees					
			<u> </u>								
							1				
			ļ								
Section 110117		100 O O O O O O O O O O O O O O O O O O					<u> </u>				
	der der verste betre Verste betre Errorieren er mei zu de gemeinen der	e naturate (147 a. 18 m. 1944 vietnie komunikaria (1864 krot. (1865 vietnie 1864 vietnie 1877) (1865) Vietnie 1874 vietnie komunikaria (1865) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) Vietnie 1875 vietnie komunikaria (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866)	Totals ▶	18(b)		C	18(c)		0		
19	Discounted employer contribution	ns – see instructions for small plan with	a valuation	date after th	<del>_</del>						
	a Contributions allocated toward	unpaid minimum required contribution	s from prior	years		19a			0		
	b Contributions made to avoid restrictions adjusted to valuation date								0		
,	C Contributions allocated toward m	ninimum required contribution for current	year adjuste	d to valuation	date	19c			0		
20	Quarterly contributions and liquid	ity shortfalls:				# 					
	a Did the plan have a "funding shortfall" for the prior year?										
	<b>b</b> If line 20a is "Yes," were requir	ed quarterly installments for the currer	nt year made	e in a timely	manner?				Yes No		
	C If line 20a is "Yes," see instruct	tions and complete the following table	as applicabl	e:		4:		-	7		
		Liquidity shortfall as of e	end of quart		-		,				
	(1) 1st	(2) 2nd		(3)	3rd		(4) 4th				

Pa	rt V Assumptio	ns Used to Determine	Funding Target and 1	Гarge	t Normal Cost	-,	•••		
21	Discount rate:								· · · · · · · · · · · · · · · · · · ·
	a Segment rates:	1st segment: 4,72 %	2nd segment: 6.11 %		3rd segment: 6.81 %		N/A, full yield	d curve	used
	<b>b</b> Applicable month (	enter code)			***************************************	21b		•	0
22	Weighted average ret	tirement age			***************************************	22			71
23	Mortality table(s) (see	e instructions) 🛛 🗓 Pr	escribed - combined	Pres	scribed - separate	Substitu	te		
Pa	rt VI   Miscellane	ous Items							
24		nade in the non-prescribed ac							X No
25	Has a method change	e been made for the current p	lan year? If "Yes," see instru	ctions	regarding required attac	hment		Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachmeni	L	Yes	X No
27		o alternative funding rules, en				27			
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribu	ution	s For Prior Years				
28		uired contributions for all prior				28			0
29 	· •	contributions allocated towar	- · · · · · · · · · · · · · · · · · · ·		• •	29			0
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus line	9 29)	***************************************	30			0
Pa	rt VIII Minimum								
31		nd excess assets (see instruc							
	a Target normal cost (		31a	0					
	<b>b</b> Excess assets, if an	31b	0						
32	Amortization installme	Outstanding Bala							
	a Net shortfall amortiz		0						
	<b>b</b> Waiver amortization	· · · · · · · · · · · · · · · · · · ·	0			0			
33		approved for this plan year, er Day Year	_	_		33			
34	Total funding requiren	ment before reflecting carryov	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34			0
			Carryover balance		Prefunding balar	nce	Total ba	lance	~~~~
35	Balances elected for u	use to offset funding		0		0			0
26						36			0
	<del></del>	rement (line 34 minus line 35)				37			
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)								0
_38		ess contributions for current ye				38a			0
	· · · · · · · · · · · · · · · · · · ·	y, of line 37 over line 36) line 38a attributable to use of				38b			0
39		39			0				
40									0
- W C *** * * * * * * * * * * * * * * * *		Funding Relief Under I	· · · · · · · · · · · · · · · · · · ·						
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 v	/ears
	b Eligible plan year(s) for which the election in line 41a was made						8 2009 201		2011
42		n adjustment				42	<u>.                                    </u>		
		celeration amount to be carrie				43			

# **SCHEDULE SB** (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

# Single-Employer Defined Benefit Plan **Actuarial Information**

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For	calendar	plan y	year 2015	or fiscal p	olan ye	ear beg	jinning					and end	ding					
•	Round of	f amo	ounts to r	nearest de	ollar.													
	Caution:	A per	nalty of \$1	,000 will b	e ass	ess ed 1	for late filing o	of this rep	oort unless reaso	nable ca	use i	s establis	hed.					
A١	lame of p	lan									В	Three-d	ligit					
											plan nu	Ū	PN)		<b>&gt;</b>			
												·	•					
CF	Plan spons	sor's r	name as s	shown on I	line 2a	a of For	m 5500 or 55	00-SF			D	Employe	r Identi	ficati	on Nu	ımber (	EIN)	
Ет	ype of pla	n:	Single	Multip	le-A	Mu	ltiple-B		<b>F</b> Prior year pla	n size:	100	or fewer	10	01-50	00	More t	han 500	
Ps	art I	Raei	c Inforn	nation		<u> </u>				<u> </u>								
1						/onth	г	201	Voor									
2		e vaiu	ation date	e:	IV	viontn _		Day										
2	Assets:																	
	<b>a</b> Marke	t valu	e											a.				
	<b>b</b> Actua	rial va	alue										2	b				
3	Funding	targe	et/participa	ant count l	breakc	down				` '		per of	(2)			ınding		al Funding
										pai	rticipa	ants		Ta	arget		1	arget
	<b>a</b> For re	tired	participan	ts and ber	neficia	ries re	ceiving payme	ent										
	<b>b</b> For te	rmina	ated veste	d participa	ants													
	<b>C</b> For ac	tive p	articipant	s														
	<b>d</b> Total																	
4											П						1	
4	•						·	. ,	and (b)		ш		_					
	_	•					•						4	a				
		_	•	•		•		_	nsition rule for planting loading fac				4	b				
5	Effective	e inter	est rate											5				%
6	Target r	orma	l cost											6				
Stat			olled Actu															
-	To the best o	f my kn	owledge, the	information s					chedules, statements a									
							each other assum inder the plan.	ption is reas	sonable (taking into ad	count the e	experie	nce of the pla	an and re	asonal	ble exp	ectations)	and such other	er assumptions, in
6	IGN																	
HERE																		
	Signature of actuary Date																	
											_							
Type or print name of actuary  Most recent enrollment number																		
											_							
					F	ïrm nar	me					-	Teleph	one r	numb	er (inclu	ıding area	code)
					Δddr	ess of	the firm				_							
		nas no	t fully refl	ected any	regula	ation o	r ruling promu	lgated ur	nder the statute i	n comple	eting	this sched	dule, ch	neck	the bo	ox and s	see	
ınstru	ıctions																	-

age	2 -	

Schedule SB (Form 5500) 2015

Balance at beginning of prior year after applicable adjustments (line 13 from prior year)  **Reference of the second of the prior year after applicable adjustments (line 35 from prior year)  **Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  **Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  **Portion elected for use to offset prior year's funding requirement (line 35 from prior year)  **Portion devices on the sump prior year's actual return of	Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
Portion (et al. prior year)								(a) (	Carryover balance		(b) F	Prefund	ing balan	се
9 Amount remaining (line 7 minus line 8)	7													
10 Interest on line 9 using prior year's actual return of %	8													
11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38a from prior year)	9													
a Present value of excess, if any, of line 38a from prior year).  b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of	10	Interes	t on line 9	using prior year's	actual ret	turn of%								
b(1) Interest on the excess, if any, of line 38s 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's effective interest rate of%.  c Total available at beginning of current plan year to add to prefunding balance.  d Portion of (c) to be added to prefunding balance.  12 Other reductions in balances due to elections or deemed elections.  13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).  Part III Funding Percentages  4 Funding target attainment percentage  5 Adjusted funding target attainment percentage  6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current 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 %  Part IV Contributions and Liquidity Shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount paid by em	11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
Schedule SR, using prior year's effective interest rate of%		<b>a</b> Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								
return														
C Total available at beginning of current plan year to add to prefunding balance		<b>b(2)</b> II	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual							
d Portion of (c) to be added to prefunding balance.  12 Other reductions in balances due to elections or deemed elections.  13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)														
12 Other reductions in balances due to elections or deemed elections				0 0		, ,								
Part III   Funding Percentages		<b>d</b> Porti	ion of (c)	to be added to pre	efunding ba	alance								
Part III   Funding Percentages   14   Funding target attainment percentage   15   Adjusted funding target attainment percentage   15   %   15   %   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   %   %   %   %   %   %   %   %   %	12	Other r	eductions	s in balances due	to election	s or deemed elections								
14   Sudjusted trainment percentage   14   %   %   %   %   %   %   %   %   %	13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12	)							
15 Adjusted funding target attainment percentage	P	art III	Fun	ding Percenta	ages									
16   Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Fundin	g target a	ttainment percent	age							14		%
current year's funding requirement	15										%			
Part IV Contributions and Liquidity Shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY)	16			• .		•	•	-	•		l l	16		%
18   Contributions made to the plan for the plan year by employer(s) and employees:    (a) Date (MM-DD-YYYY)	17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	et, enter s	such percentage			17		%
(a) Date (MM-DD-YYYY)	Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) 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	18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
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	(1)										(0	•		у
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	(10	IIVI-DD-I	111)	employer	(3)	employees	(IVIIVI-DD-1	111)	employer(	3)		emp	loyees	
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														
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														
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														
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														
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														
a Contributions allocated toward unpaid minimum required contributions from prior years		Totals ► 18(b)							18(c)					
b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ite after th	ne beginning of the	year:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		<b>a</b> Cont	ributions	allocated toward u	unpaid min	nimum required contributions	from prior ye	ars		19a				
20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?		<b>b</b> Contributions made to avoid restrictions adjusted to valuation date												
a Did the plan have a "funding shortfall" for the prior year?		<b>C</b> Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuation	n date	19c				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:								
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		<b>a</b> Did t	the plan h	ave a "funding sh	ortfall" for	the prior year?							Yes	No
Liquidity shortfall as of end of quarter of this plan year		<b>b</b> If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made in	a timely	manner?				Yes	No
		C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable:							
(1) 1st (2) 2nd (3) 3rd (4) 4th				-			nd of quarter							
		(1) 1st (2) 2nd (3) 3rd (4) 4th												

Pa	rt V Ass	sumption	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discount ra	te:								
	<b>a</b> Segment	t rates:	1st segment: %	2nd segment: %	3rd segment: %		N/A, full yie	ld curve	used	
	<b>b</b> Applicab	le month (e	enter code)			21b				
22	Weighted a	verage reti	rement age			22				
					scribed - separate	Substitut	te			
Pa	rt VI Mis	collano	ous Items		·					
				uarial assumptions for the current	plan year? If "Ves " see	inetructions	rogarding require	nd		
27		•	·	uanai assumptions for the current			· · · ·	Yes	No	
25	Has a meth	od change	been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment		Yes	No	
			<u>'</u> _	Participants? If "Yes," see instruc	<u> </u>			Yes	No	
27				ter applicable code and see instruc				163	INO	
21		•	alternative runding rules, em	er applicable code and see instruc		27				
Pa	rt VII Re	econcilia	ntion of Unpaid Minimu	um Required Contribution	s For Prior Years	l l				
28			•	years		28				
29				I unpaid minimum required contrib						
						29				
30	Remaining	amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				
Pa	rt VIII Mi	nimum l	Required Contribution	For Current Year						
31			nd excess assets (see instruct							
						31a				
			plicable, but not greater than		31b					
32	Amortizatio				Outstanding Bala	I	Instal	ment		
02					-	inco	mstan	mont		
					1					
33			• • • •	ter the date of the ruling letter gran) and the waived amount	•	33				
3/				er/prefunding balances (lines 31a -		34				
	Total fulfuli	ig requiren	lent before renecting carryove	Carryover balance		l	Tatal b	Total balance		
				Carryover barance	Prefunding balar	nce	1 Otal D	alance		
35			se to offset funding							
26						36				
						30				
37	(line 19c)		d toward minimum required co		37					
38			ss contributions for current ye			<del>                                     </del>				
			, of line 37 over line 36)		38a					
	<b>b</b> Portion in	cluded in l	ine 38a attributable to use of p	38b						
39	Unpaid min	imum requ	ired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				
40	Unpaid min	imum requ	ired contributions for all years	)		40				
Pai	rt IX P	ension F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions)	)				
41	If an election	n was mad	e to use PRA 2010 funding re	elief for this plan:						
	a Schedule	elected					2 plus 7 years	15 ye	ears	
	<b>b</b> Eligible p	lan year(s)	for which the election in line	41a was made		200	8 2009 20	10 2	2011	
42	Amount of a	acceleration	adjustment			42				
43	Excess insta	allment acc	celeration amount to be carrie	d over to future plan years		43				

### Attachment to 2015 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name lionel & marie edith f. Lefevre, physicians, pc defined ben <b>ein:</b> 11.12428064885
Plan Sponsor's Name LIONEL LEFEVRE AND MARIE EDITH F. LEFEVRE 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 Weighted Average Age of 71 reflects the stated intention of the principal to
defer Retirement. The method used to determine the Average Retirement Age is to
weight the Retirement Ages by each participant's Funding Target.