#### 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).

OMB Nos. 1210-0110 1210-0089

2013

			Complete all entries in a	accordance with the inst	uctions to the Form 550	<i></i> ₩-Эг.		
Par			dentification Informatio	n				
For ca	alendar	plan year 2013 or fis	cal plan year beginning 01/0	01/2013	and ending	12/31/	2013	
A Th	nis retu	rn/report is for:	a single-employer plan	a multiple-employe	plan (not multiemployer)		a one-particip	oant plan
<b>B</b> Tr	nis retu	rn/report is:	the first return/report	the final return/repo	rt			
			an amended return/report	a short plan year ret	urn/report (less than 12 m	onths	_	
C C	neck bo	ox if filing under:	Form 5558	automatic extension	1		DFVC progra	am
			special extension (enter des	scription)				
Part	t II	Basic Plan Infor	mation—enter all requested i	information				
	lame o	•				1b	Three-digit plan number	
BANKE	KS HE	EALTHCARE GROUP	, INC. CASH BALANCE PLAN				(PN) ▶	002
						1c	Effective date o	f plan
							01/01	/2012
		onsor's name and add EALTHCARE GROUP	dress; include room or suite num P, INC.	ber (employer, if for a sing	le-employer plan)	2b	Employer Identi (EIN) 65-03	fication Number 76686
201 SC	OLAR S	STREET				2c	Sponsor's telep	
		NY 13204				2d	Business code (	
<b>3a</b> ₽	lan adı	ministrator's name an	d address XSame as Plan Spo	nsor Name Same as P	an Sponsor Address	3b	Administrator's	
						3с	Administrator's	telephone number
<b>4</b> If	f the na	ame and/or EIN of the	plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b	EIN	
		•	nber from the last return/report.			4-	5	
	•	r's name	at the beginning of the plan year				PN	
_			at the beginning of the plan year			5a		98
			at the end of the plan year			5b		126
(	comple	te this item)	account balances as of the end c		·	5c		
			during the plan year invested in					X Yes   No
	,	0	the annual examination and rep (See instructions on waiver elig		•	,		X Yes No
			ther line 6a or line 6b, the plan					
C If	f the pla	an is a defined benefi	t plan, is it covered under the PE	BGC insurance program (s	ee ERISA section 4021)?	X	Yes No	Not determined
Cauti	on: A	penalty for the late o	or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca	use is	established.	
			er penalties set forth in the instr					able, a Schedule
		lule MB completed an ue, correct, and comp	d signed by an enrolled actuary lete.	, as well as the electronic v	ersion of this return/repor	t, and	to the best of my	knowledge and
SIGN		Filed with authorized/\	valid electronic signature.	07/28/2014	EDMUND DURANT			
ПЕК		Signature of plan ac	dministrator	Date	Enter name of individ	lual siç	gning as plan adr	ninistrator
SIGN		Filed with authorized/\	valid electronic signature.	07/28/2014	EDMUND DURANT			
HERE		Signature of employ		Date	Enter name of individ			
Prepa	ırer's n	ame (including firm na	ame, if applicable) and address;	include room or suite num	ber (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Voor		
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 825010		
<u>a</u>	Total plan liabilities	7a 7b		0			020010		
	Net plan assets (subtract line 7b from line 7a)	76 7c	44275				825010		
8	,	76							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)	37093	6					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1781	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					388749		
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	86						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	563	1					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6492		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					382257		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1C 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
_									
Par	t V   Compliance Questions						T		
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ			
	,				X		450000		
C				10c			150000		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all instructions.)			10e		X			
f				10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	1011		X			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		^			
Part	VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year fr					11a	0		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			<del></del>			. 531		
	Enter the minimum required contribution for this plan year	, -				12b			

Page	3	- [	1
------	---	-----	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🔲 Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tr	ust's EIN	

#### 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).

ional Nevenue Code (inc Code).

OMB No. 1210-0110

2013

						ent to Form	5500 or 5500-Si				
			3 or fiscal plan y		01/01/2013			and ending	12/31/20	13	
			nearest dollar.								
			1,000 will be as:	sessed for late fili	ing of this report	t unless reas	onable cause is e	established		1	
	lame of p		GROUP INC C	CASH BALANCE	ΡΙ ΔΝ			Three-digit			002
DAI	WIKE IKO II	LALITIOANL	OKOO1 , 1140. C	AON BALANOL	LAN		F	olan numbe	er (PN)	•	
C F	Plan spon	sor's name as	shown on line 2	a of Form 5500 c	or 5500-SF		D E	mployer Ide	entification N	Number (I	EIN)
		EALTHCARE O						. ,	65-0376686	,	,
									00 007 0000		
ΕТ	ype of pla	ın: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size: 💢 100 o	r fewer	101-500	More th	nan 500
		Basic Inforr	nation	<u> </u>			Ш	<u> </u>	<u>.</u>	<u> </u>	
1				Month 12	Day 21	Voor	2012				
2		e valuation dat	ie:	Month	_ Day <u>31</u>	Year _	2013				
2	Assets:							ſ	2a		45.407.4
											454074
									2b		454074
3	_		ant count break			0-	(1) Number	of participa		(2) F	Funding Target
	_			aries receiving pa	-				0		0
						3b			10		3225
	<b>C</b> For a	ctive participan				0 (1)	-				
	(1)					. ,	-				C
	(2)										381434
	(3)								116		381434
									126		384659
4	If the pl	an is in at-risk s	status, check th	e box and comple	ete lines (a) and	(b)		r			
	<b>a</b> Fundi	ing target disre	garding prescrib	oed at-risk assum	ptions				4a		
							plans that have be		4b		
							ctor				
5									5		6.26 %
6									6		387956
		y Enrolled Act	•	d in this schedule and	accompanying sched	lulas stataments	and attachments if an	v is complete	and accurate F	ach prescrit	ped assumption was applied in
;	accordance v	with applicable law a	and regulations. In m		ssumption is reasona						and such other assumptions, in
		Oner my best estim	ate of articipated ex	perience under the plai							
	IGN										
Н	ERE									06/22/2	014
			Signa	ature of actuary						Date	
SCC	TT E. RU	JEHR								14-028	
			Type or p	rint name of actua	ary				Most recen	t enrollme	ent number
SCC	TT E. RU	JEHR, FSA								610-62	2-5122
0.40	4.8468105	TELD AVENUE		Firm name				Tele	phone num	ber (inclu	ding area code)
		TIELD AVENUE L, PA 19026									
			Add	Iress of the firm							
16.0					and the first	anda and dis			-h 1 - 0 1	h	
	actuary h	nas not fully ref	iected any regu	iation or ruling pr	omulgated unde	er the statute	in completing this	s schedule	, cneck the	box and s	see

Page	2 -	
------	-----	--

Schedule SB (Form 5500) 2013

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding Ba	alances						
							<b>(a)</b> C	arryover balance	:	(b)	Prefundi	ng balance
7		_	. ,		cable adjustments (line 13 f	•			0			0
8			•	-	unding requirement (line 35				0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interest	t on line 9	9 using prior year's	s actual ret	urn of%							
11	Prior ye	ear's exce	ess contributions t	o be added	to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from prior year)							104908
<b>b</b> Interest on (a) using prior year's effective interest rate of											0	
C Total available at beginning of current plan year to add to prefunding balance										104908		
<b>d</b> Portion of (c) to be added to prefunding balance											104908	
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	)			0			104908
P	art III	Fun	ding Percenta	ages								
14	Funding	g target a	attainment percent	age							14	89.06 %
15	Adjuste	ed fundin	g target attainmen	t percentag	je						15	119.77 %
16					of determining whether car					<b>)</b>	16	100.00 %
17	If the cu	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter si	uch percentage			17	%
P	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
<b>/</b> N	(a) Dat IM-DD-Y		(b) Amount p		(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount p employer		(		nt paid by oyees
	3/13/2014		employer		employees	-טט-וווווו)	1111)	employen	(8)		empi	Dyees
00	/ 13/2014	+		477000								
						Totals ▶	18(b)		477000	18(c)		0
19	Discour	nted emp	lover contributions	s – see inst	tructions for small plan with	a valuation o	late after th	e beginning of th		. ,	1	
			-		imum required contributions				19a			0
	_				 djusted to valuation date				19b			0
					uired contribution for current y				19c			471321
20			outions and liquidit									
		-		-	he prior year?				 			Yes X No
			_		installments for the current						<u> </u>	Yes No
			•		emplete the following table a	•	•				<u> </u>	<u> </u>
			2, 2233. 300		Liquidity shortfall as of e			ı year				
		(1) 19	st		(2) 2nd	-		3rd			(4) 4th	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	nt rate:									
	<b>a</b> Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	II yield	curve	used	
	<b>b</b> Appl	icable month (	enter code)			21b				4	
22	Weight	ed average ret	tirement age			22				62	
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	łe				
Pa	rt VI	Miscellane	ous Items								
24		-		uarial assumptions for the current					Yes	X No	
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No	
27		•	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid		<del>-</del>	years		28				0	
29				unpaid minimum required contrib		29				0	
30	Remair	ning 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	Target	normal cost a	nd excess assets (see instruct	ions):							
	<b>a</b> Targe	et normal cost	(line 6)			31a				387956	
	<b>b</b> Exce	ess assets, if ap	pplicable, but not greater than	line 31a		31b				0	
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent		
	a Net s	shortfall amortiz	zation installment			0				0	
	<b>b</b> Waiv	er amortization	n installment			0				0	
33				ter the date of the ruling letter grar) and the waived amount		33					
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	387956				
				Carryover balance	Prefunding bala	nce	To	tal bala	ance		
35		_	use to offset funding	0		0				0	
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				387956	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				471321	
38	Presen	it value of exce	ess contributions for current ye	ar (see instructions)							
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				83365	
	<b>b</b> Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0	
39	Unpaid	l minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39				0	
40	Unpaid	l minimum requ	uired contributions for all years	)		40				0	
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)					
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:							
							2 plus 7 yea	rs	15 \	years	
	<b>b</b> Eligib	ole plan year(s	) for which the election in line	41a was made				2010		2011	
42			,			42					
				d over to future plan years		43					

## 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

2013

For ca	alendar plan year 2013 or fiscal plan year beginning 01/01/20	13		and endi	ng	12/31/2013
	ound off amounts to nearest dollar.					
▶ Ca	aution: A penalty of \$1,000 will be assessed for late filing of this report unless i	reasonable	cause	is establish	ed.	
A Nar	me of plan		В	Three-dig	git .	
				plan num	ber (PN)	▶ 002
Ban	kers Healthcare Group, Inc. Cash Balance Plan					
	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer	Identification	Number (EIN)
			İ	, ,		
Ban]	kers Healthcare Group, Inc.			65-0376	686	
Етур	pe of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	ar plan size:	X 10	0 or fewer	101-500	More than 500
Parl	t I Basic Information					
	10 21	ear 2013	3	•		
	Assets:					
	a Market value		*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	454,074
k	<b>b</b> Actuarial value				2b	454,074
3 F	Funding target/participant count breakdown:	(1)	Numl	per of partici	pants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	1			0	0
	b For terminated vested participants	)			10	3,225
	C For active participants;		7 -			
	(1) Non-vested benefits	1)	ķ			0
	(2) Vested benefits		:		100	381,434
	(3) Total active	3)			116	381,434
(	d Total 30				126	384,659
4 1	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				4b	
	at-risk status for fewer than five consecutive years and disregarding loading	ng factor				
5 I	Effective interest rate	***************			5	6,26 %
6	Target normal cost				6	387,956
	ment by Enrolled Actuary		ah wa mata	if one in comm	lote and equirate	Each proposition accumption was applied in
acc	the best of my knowledge, the information supplied in this schedule and accompanying schedules, state cordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking	into account th	ie exper	ience of the plar	and reasonable	expectations) and such other assumptions, in
	mbination, offer my best estimate of anticipated experience under the plan.					
	GN (AAC) V					06/20/2014
HE	RE Sull 7. Lui Oz					06/22/2014
	Šignature of actuary					Date
Scot	t E. Ruehr					14-02871
	Type or print name of actuary					ent enrollment number
Scot	t E. Ruehr, FSA		<del></del>			10) 622-5122
2121	Firm name ! Mansfield Avenue			Т	elephone nu	ımber (including area code)
24J4	Hanstrata Wande					
Drex	xel Hill PA 19026					
	Address of the firm					
If the a	actuary has not fully reflected any regulation or ruling promulgated under the sta	atute in com	ıpletin	g this sched	ule, check th	ne box and see
nstruc						L.1

Page	2	_
------	---	---

Pa	rt II Begir	ning of Year C	arryove	er and Prefunding Ba	lances							
	it ii   Degii	ining or real o	urryove	i una i rotanang pa		(a) C	arryover balance		(b) F	refundi	ng balan	ce
7				able adjustments (line 13 fr				0				0
8				nding requirement (line 35				0				0
9								0				0
10	Interest on line	9 using prior year's	actual retu	ırn of								
11	Prior year's exc	ess contributions to	be added	to prefunding balance:					THE PART		Political Control	
	a Present value	of excess contribut	ions (line	38a from prior year)							10	4,908
<b>b</b> Interest on (a) using prior year's effective interest rate of6.97_% except as otherwise provided (see instructions)												0
	<b>c</b> Total available	at beginning of curre	ent plan ye	ar to add to prefunding balan	ce							4,908
d Portion of (c) to be added to prefunding balance										10	4,908	
12	Other reduction	s in balances due to	elections	or deemed elections				0				0
13	Balance at begi	nning of current yea	ır (line 9 +	line 10 + line 11d – line 12	)			0			10	4,908
Pa	art III Fun	ding Percentag	aes									
14		<del></del>		***************************************	**************	41++1++++++++				14	89.	06 %
15		g target attainment								15	119.	77 <b>%</b>
16	Prior year's fund	ding percentage for	purposes	of determining whether car						16	100.	00 %
17	If the current va	lue of the assets of	the plan is	less than 70 percent of the	funding tar	get, enter s	uch percentage			17		%
Pa	art IV Cor	ntributions and	Liquidi	ty Shortfalls								
18	<del></del>			ear by employer(s) and emp	oloyees:							
( <b>I</b> V	(a) Date 1M-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount paid employer(s)	by	(0		ınt paid k loyees	у
03	3/13/2014	47	7,000									
	r de la company				Totals >	18(b)	477	,000	18(c)			0
19	Discounted em	ployer contributions	- see inst	ructions for small plan with	a valuation o	late after th	ne beginning of the ye	ear:				
	a Contributions	allocated toward u	npaid mini	mum required contributions	s from prior y	ears	1	9a				0
	<b>b</b> Contributions	made to avoid rest	rictions ac	ljusted to valuation date			1	9b				0
	c Contributions	allocated toward min	simum regu	uired contribution for current y	ear adjusted	to valuatior	date 1	9с		,		1,321
20	Quarterly contri	butions and liquidity	shortfalls	:					-4.5%			
	a Did the plan	have a "funding sho	ortfall" for t	he prior year?						[	Yes	X No
	<b>b</b> If line 20a is	"Yes," were require	d quarterly	installments for the curren	t year made	in a timely	manner?	<u></u>		<u></u>	Yes	No
	<b>c</b> If line 20a is	"Yes," see instructio	ns and co	mplete the following table a							•	
				Liquidity shortfall as of e	nd of quarte					(4) **		
	(1)	st		(1) Und								
			<u>.</u>	(2) 2nd		(3)	3rd			(4) 41	ın	

Pa	rt V Assumptions Used to I	Determine Funding Target ar	d Target Normal Cost		
21	Discount rate:	<u> </u>			
	a Segment rates: 1st seg 4.94				N/A, full yield curve used
	<b>b</b> Applicable month (enter code)			21b	4
22	Weighted average retirement age			. 22	62
23	Mortality table(s) (see instructions)	Prescribed - combined	Prescribed - separate	Substitute	€
Pai	rt VI Miscellaneous Items				
24	Has a change been made in the non-	prescribed actuarial assumptions for t			
25	Has a method change been made for	the current plan year? If "Yes," see in	nstructions regarding required atta	chment	Yes 🛚 No
26	Is the plan required to provide a Sche	dule of Active Participants? If "Yes,"	see instructions regarding required	d attachment.	X Yes No
27	If the plan is subject to alternative fun attachment	ding rules, enter applicable code and		. 27	
Pa	rt VII Reconciliation of Unp	aid Minimum Required Cont	ributions For Prior Years		
28	Unpaid minimum required contributio	ns for all prior years		. 28	0
29	Discounted employer contributions al (line 19a)	ocated toward unpaid minimum requi			0
30	Remaining amount of unpaid minimul	n required contributions (line 28 minu	s line 29)	. 30	0
Рa	rt VIII Minimum Required Co	ontribution For Current Year			
31	Target normal cost and excess asset	s (see instructions):			
	a Target normal cost (line 6)				387,956
	<b>b</b> Excess assets, if applicable, but no	t greater than line 31a			0
32	Amortization installments:		Outstanding Bal	ance	Installment
		nt		4	0
	Mora o	***************************************		<del>,                                    </del>	U
33	If a waiver has been approved for this	s plan year, enter the date of the ruling Year) and the waived		. 33	
34	Total funding requirement before refl	ecting carryover/prefunding balances	lines 31a - 31b + 32a + 32b - 33).	34	387,956
		Carryover bala	nce Prefunding bala	ance	Total balance
35	Balances elected for use to offset fur requirement	·	0	0	0
36	Additional cash requirement (line 34	minus line 35)		36	387,956
37	Contributions allocated toward minim (line 19c)	um required contribution for current y	ear adjusted to valuation date	37	471,321
38	Present value of excess contributions	s for current year (see instructions)			
	a Total (excess, if any, of line 37 ove	r line 36)	***************************************	. 38a	83,365
	<b>b</b> Portion included in line 38a attribut	able to use of prefunding and funding	standard carryover balances	38b	0
39	Unpaid minimum required contribution	n for current year (excess, if any, of li	ne 36 over line 37)		0
40		ns for all years			0
Pa	rt IX Pension Funding Re	lief Under Pension Relief Ac	t of 2010 (See Instructions	s)	
41	If an election was made to use PRA	2010 funding relief for this plan:			
-	a Schedule elected				2 plus 7 years
	1000	election in line 41a was made		I=-3	8 2009 2010 2011
42	Amount of acceleration adjustment			ı	
	Excess installment acceleration amo				

#### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 -

## Weighted average retirement age

### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

Bankers Healthcare Group, Inc. Cash Balance Plan 65-0376686 / 002 12/31/2013

PLAN: EIN/PN: PYE:

	40 & up											
	30 to 34 35 to 39											
	30 to 34											
4	25 to 29											
Years of Credited Service	20 to 24											
ars of Cred	15 to 19											
λe	10 to 14   15 to 19   20 to 24											
	5 to 9											
	1 to 4	13	29	31	10	11	7	8	3		2	2
	Under 1											
Attained	Age	Jnder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn % 02

## 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

2013

For ca	alendar plan year 2013 or fiscal plan year beginning 01/01/20	13		and endi	ng	12/31/2013
	ound off amounts to nearest dollar.					
▶ Ca	aution: A penalty of \$1,000 will be assessed for late filing of this report unless i	reasonable	cause	is establish	ed.	
A Nar	me of plan		В	Three-dig	git .	
				plan num	ber (PN)	▶ 002
Ban	kers Healthcare Group, Inc. Cash Balance Plan					
	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer	Identification	Number (EIN)
			İ	, ,		
Ban]	kers Healthcare Group, Inc.			65-0376	686	
Етур	pe of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	ar plan size:	X 10	0 or fewer	101-500	More than 500
Parl	t I Basic Information					
	10 21	ear 2013	3	•		
	Assets:					
	a Market value		*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	454,074
k	<b>b</b> Actuarial value				2b	454,074
3 F	Funding target/participant count breakdown:	(1)	Numl	per of partici	pants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	1			0	0
	b For terminated vested participants	)			10	3,225
	C For active participants;		7 -			
	(1) Non-vested benefits	1)	ķ			0
	(2) Vested benefits		:		100	381,434
	(3) Total active	3)			116	381,434
(	d Total 30				126	384,659
4 1	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				4b	
	at-risk status for fewer than five consecutive years and disregarding loading	ng factor				
5 I	Effective interest rate	***************			5	6,26 %
6	Target normal cost				6	387,956
	ment by Enrolled Actuary		ah wa mata	if one in comm	lote and equirate	Each proposition accumption was applied in
acc	the best of my knowledge, the information supplied in this schedule and accompanying schedules, state cordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking	into account th	ie exper	ience of the plar	and reasonable	expectations) and such other assumptions, in
	mbination, offer my best estimate of anticipated experience under the plan.					
	GN (AAC) V					06/20/2014
HE	RE Sall 7. Lunde					06/22/2014
	Šignature of actuary					Date
Scot	t E. Ruehr					14-02871
	Type or print name of actuary					ent enrollment number
Scot	t E. Ruehr, FSA		<del></del>			10) 622-5122
2121	Firm name ! Mansfield Avenue			Т	elephone nu	ımber (including area code)
24J4	Hanstrata Wande					
Drex	xel Hill PA 19026					
	Address of the firm					
If the a	actuary has not fully reflected any regulation or ruling promulgated under the sta	atute in com	ıpletin	g this sched	ule, check th	ne box and see
nstruc						L.1

Page	2	_
------	---	---

Pa	rt II Begir	ning of Year C	arryove	er and Prefunding Ba	lances							
	it ii   Degii	ining or real o	urryove	i una i rotanang pa		(a) C	arryover balance		(b) F	refundi	ng balan	ce
7				able adjustments (line 13 fr				0				0
8				nding requirement (line 35				0				0
9								0				0
10	Interest on line	9 using prior year's	actual retu	ırn of								
11	Prior year's exc	ess contributions to	be added	to prefunding balance:					THE PART		Political Control	
	a Present value	of excess contribut	ions (line	38a from prior year)							10	4,908
	<b>b</b> Interest on (a	) using prior year's o provided (see insti	effective ir ructions)	nterest rate of6.97_%	except							0
	<b>c</b> Total available	at beginning of curre	ent plan ye	ar to add to prefunding balan	ce							4,908
d Portion of (c) to be added to prefunding balance											10	4,908
12 Other reductions in balances due to elections or deemed elections												0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											10	4,908
Pa	art III Fun	ding Percentag	aes									
14		<del></del>		***************************************	**************	41++1++++++++				14	89.	06 %
15		g target attainment								15	119.	77 <b>%</b>
16. Dries year's funding percentage for purposes of determining whether corresponding halances may be used to reduce										100.	00 %	
17	If the current va	lue of the assets of	the plan is	less than 70 percent of the	funding tar	get, enter s	uch percentage			17		%
Pa	art IV Cor	ntributions and	Liquidi	ty Shortfalls								
18	<del></del>			ear by employer(s) and emp	oloyees:							
( <b>I</b> V	(a) Date 1M-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount paid employer(s)	by	(0		ınt paid k loyees	у
03	3/13/2014	47	7,000									
	r de la company				Totals >	18(b)	477	,000	18(c)			0
19	Discounted em	ployer contributions	- see inst	ructions for small plan with	a valuation o	late after th	ne beginning of the ye	ear:				
	a Contributions	allocated toward u	npaid mini	mum required contributions	s from prior y	ears	1	9a				0
	<b>b</b> Contributions	made to avoid rest	rictions ac	ljusted to valuation date			1	9b				0
	c Contributions	allocated toward min	simum regu	uired contribution for current y	ear adjusted	to valuatior	date 1	9с		,		1,321
20	Quarterly contri	butions and liquidity	shortfalls	:					-4.5%			
	a Did the plan	have a "funding sho	ortfall" for t	he prior year?						[	Yes	X No
	<b>b</b> If line 20a is	"Yes," were require	d quarterly	installments for the curren	t year made	in a timely	manner?	<u></u>		<u></u>	Yes	No
	<b>c</b> If line 20a is	"Yes," see instructio	ns and co	mplete the following table a							•	
				Liquidity shortfall as of e	nd of quarte					(4) **		
	(1) 1st (2) 2nd (3) 3rd (4) 4th											
			<u>.</u>	(2) 2110		(3)	3rg			(4) 4	ın	

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used
	<b>b</b> Applicable month (	(enter code)			21b	4
22	Weighted average re	tirement age			22	62
23	Mortality table(s) (se	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitute	e
Pai	rt VI Miscellane	ous Items				
	Has a change been r	nade in the non-prescribed ac	tuarial assumptions for the current			
25	Has a method chang	e been made for the current pl	lan year? If "Yes," see instructions	regarding required attach	nment	Yes No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	Yes No
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27	
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	····		years		28	0
29	Discounted employer	r contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29	0
30	Remaining amount o	of unpaid minimum required co	ntributions (line 28 minus line 29).		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31		and excess assets (see instruc				
	a Target normal cost	(line 6)	***************************************		31a	387,956
			line 31a		31b	0
32	Amortization installm	nents:	14 THE .	Outstanding Bala	nce	Installment
	a Net shortfall amort	ization installment		1	q	0
	<b>b</b> Waiver amortization	on installment			q	0
33	If a waiver has been (Month	approved for this plan year, er	nter the date of the ruling letter gra ) and the waived amount	nting the approval	33	
34	Total funding require		er/prefunding balances (lines 31a		34	387,956
			Carryover balance	Prefunding balar	nce	Total balance
35		use to offset funding			0	0
36	Additional cash requ	irement (line 34 minus line 35)	)		36	387,956
37	Contributions allocat	ted toward minimum required o	contribution for current year adjuste	ed to valuation date	37	471,321
38	Present value of exc	cess contributions for current ye	ear (see instructions)			
	a Total (excess, if ar	ny, of line 37 over line 36)	***************************************		38a	83,365
			prefunding and funding standard		38b	0
39		- AMAPII	ear (excess, if any, of line 36 over		39	0
40	Unpaid minimum red	quired contributions for all year	'S		40	0
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions)		
41	J	ade to use PRA 2010 funding i				
	a Schedule elected					2 plus 7 years
			41a was made		Г.,	8 2009 2010 2011
42			***************************************		42	
			ed over to future plan years		43	

### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 -

## Weighted average retirement age

### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

Bankers Healthcare Group, Inc. Cash Balance Plan 65-0376686 / 002 12/31/2013

PLAN: EIN/PN: PYE:

	40 & up											
	30 to 34 35 to 39											
	30 to 34											
4	25 to 29											
Years of Credited Service	20 to 24											
ars of Cred	15 to 19											
λe	10 to 14   15 to 19   20 to 24											
	5 to 9											
	1 to 4	13	29	31	10	11	7	8	3		2	2
	Under 1											
Attained	Age	Jnder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn % 02

## 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

2013

For ca	alendar plan year 2013 or fiscal plan year beginning 01/01/20	13		and endi	ng	12/31/2013
	ound off amounts to nearest dollar.					
▶ Ca	aution: A penalty of \$1,000 will be assessed for late filing of this report unless i	reasonable	cause	is establish	ed.	
A Nar	me of plan		В	Three-dig	git .	
				plan num	ber (PN)	▶ 002
Ban	kers Healthcare Group, Inc. Cash Balance Plan					
	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer	Identification	Number (EIN)
			İ	, ,		
Ban]	kers Healthcare Group, Inc.			65-0376	686	
Етур	pe of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	ar plan size:	X 10	0 or fewer	101-500	More than 500
Parl	t I Basic Information					
	10 21	ear 2013	3	•		
	Assets:					
	a Market value		*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	454,074
k	<b>b</b> Actuarial value				2b	454,074
3 F	Funding target/participant count breakdown:	(1)	Numl	per of partici	pants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	1			0	0
	b For terminated vested participants	)			10	3,225
	C For active participants;		7 -			
	(1) Non-vested benefits	1)	ķ			0
	(2) Vested benefits		:		100	381,434
	(3) Total active	3)			116	381,434
(	d Total 30				126	384,659
4 1	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				4b	
	at-risk status for fewer than five consecutive years and disregarding loading	ng factor				
5 I	Effective interest rate	***************			5	6,26 %
6	Target normal cost				6	387,956
	ment by Enrolled Actuary		ah wa mata	if one in comm	lote and equirate	Each proposition accumption was applied in
acc	the best of my knowledge, the information supplied in this schedule and accompanying schedules, state cordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking	into account th	ie exper	ience of the plar	and reasonable	expectations) and such other assumptions, in
	mbination, offer my best estimate of anticipated experience under the plan.					
	GN (AAC) V					06/20/2014
HE	RE Sall 7. Lunde					06/22/2014
	Šignature of actuary					Date
Scot	t E. Ruehr					14-02871
	Type or print name of actuary					ent enrollment number
Scot	t E. Ruehr, FSA		<del></del>			10) 622-5122
2121	Firm name ! Mansfield Avenue			Т	elephone nu	ımber (including area code)
24J4	Hanstrata Wande					
Drex	kel Hill PA 19026					
	Address of the firm					
If the a	actuary has not fully reflected any regulation or ruling promulgated under the sta	atute in com	ıpletin	g this sched	ule, check th	ne box and see
nstruc						L.1

Page	2	_
------	---	---

Pa	rt II Begir	ning of Year C	arryove	er and Prefunding Ba	lances							
	it ii   Degii	ining or real o	urryove	i una i rotanang pa		(a) C	arryover balance		(b) F	refundi	ng balan	ce
7				able adjustments (line 13 fr				0				0
8				nding requirement (line 35				0				0
9								0				0
10	Interest on line	9 using prior year's	actual retu	ırn of								
11	Prior year's exc	ess contributions to	be added	to prefunding balance:					THE PART		Political Control	
	a Present value	of excess contribut	ions (line	38a from prior year)							10	4,908
	<b>b</b> Interest on (a	) using prior year's o provided (see insti	effective ir ructions)	nterest rate of6.97_%	except							0
	<b>c</b> Total available	at beginning of curre	ent plan ye	ar to add to prefunding balan	ce							4,908
d Portion of (c) to be added to prefunding balance											10	4,908
12 Other reductions in balances due to elections or deemed elections												0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											10	4,908
Pa	art III Fun	ding Percentag	aes									
14		<del></del>		***************************************	**************	41++1++++++++				14	89.	06 %
15		g target attainment								15	119.	77 <b>%</b>
16. Dries year's funding percentage for purposes of determining whether corresponding halances may be used to reduce										100.	00 %	
17	If the current va	lue of the assets of	the plan is	less than 70 percent of the	funding tar	get, enter s	uch percentage			17		%
Pa	art IV Cor	ntributions and	Liquidi	ty Shortfalls								
18	<del></del>			ear by employer(s) and emp	oloyees:							
( <b>I</b> V	(a) Date 1M-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount paid employer(s)	by	(0		ınt paid k loyees	у
03	3/13/2014	47	7,000									
	r de la company				Totals >	18(b)	477	,000	18(c)			0
19	Discounted em	ployer contributions	- see inst	ructions for small plan with	a valuation o	late after th	ne beginning of the ye	ear:				
	a Contributions	allocated toward u	npaid mini	mum required contributions	s from prior y	ears	1	9a				0
	<b>b</b> Contributions	made to avoid rest	rictions ac	ljusted to valuation date			1	9b				0
	c Contributions	allocated toward min	simum regu	uired contribution for current y	ear adjusted	to valuatior	date 1	9с		,		1,321
20	Quarterly contri	butions and liquidity	shortfalls	:								
	a Did the plan	have a "funding sho	ortfall" for t	he prior year?						[	Yes	X No
	<b>b</b> If line 20a is	"Yes," were require	d quarterly	installments for the curren	t year made	in a timely	manner?	<u></u>		<u></u>	Yes	No
	<b>c</b> If line 20a is	"Yes," see instructio	ns and co	mplete the following table a							•	
				Liquidity shortfall as of e	nd of quarte					(4) **		
	(1) 1st (2) 2nd (3) 3rd (4) 4th											
			<u>.</u>	(2) 2110		(3)	3rg			(4) 4	ın	

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used
	<b>b</b> Applicable month (	(enter code)			21b	4
22	Weighted average re	tirement age			22	62
23	Mortality table(s) (se	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitute	e
Pai	rt VI Miscellane	ous Items				
	Has a change been r	nade in the non-prescribed ac	tuarial assumptions for the current			
25	Has a method chang	e been made for the current pl	lan year? If "Yes," see instructions	regarding required attach	nment	Yes No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	Yes No
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27	
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	····		years		28	0
29	Discounted employer	r contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29	0
30	Remaining amount o	of unpaid minimum required co	ntributions (line 28 minus line 29).		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31		and excess assets (see instruc				
	a Target normal cost	(line 6)	***************************************		31a	387,956
			line 31a		31b	0
32	Amortization installm	nents:	14 THE .	Outstanding Bala	nce	Installment
	a Net shortfall amort	ization installment		1	q	0
	<b>b</b> Waiver amortization	on installment			q	0
33	If a waiver has been (Month	approved for this plan year, er	nter the date of the ruling letter gra ) and the waived amount	nting the approval	33	
34	Total funding require		er/prefunding balances (lines 31a		34	387,956
			Carryover balance	Prefunding balar	nce	Total balance
35		use to offset funding			0	0
36	Additional cash requ	irement (line 34 minus line 35)	)		36	387,956
37	Contributions allocat	ted toward minimum required o	contribution for current year adjuste	ed to valuation date	37	471,321
38	Present value of exc	cess contributions for current ye	ear (see instructions)			
	a Total (excess, if ar	ny, of line 37 over line 36)	***************************************		38a	83,365
			prefunding and funding standard		38b	0
39		- AMAPII	ear (excess, if any, of line 36 over		39	0
40	Unpaid minimum red	quired contributions for all year	'S		40	0
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions)		
41	J	ade to use PRA 2010 funding i				
	a Schedule elected					2 plus 7 years
			41a was made		Г.,	8 2009 2010 2011
42			***************************************		42	
			ed over to future plan years		43	

### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 -

## Weighted average retirement age

### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

Bankers Healthcare Group, Inc. Cash Balance Plan 65-0376686 / 002 12/31/2013

PLAN: EIN/PN: PYE:

	40 & up											
	30 to 34 35 to 39											
	30 to 34											
4	25 to 29											
Years of Credited Service	20 to 24											
ars of Cred	15 to 19											
λe	10 to 14   15 to 19   20 to 24											
	5 to 9											
	1 to 4	13	29	31	10	11	7	8	3		2	2
	Under 1											
Attained	Age	Jnder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn % 02

## 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

2013

For ca	alendar plan year 2013 or fiscal plan year beginning 01/01/20	13		and endi	ng	12/31/2013
	ound off amounts to nearest dollar.					
▶ Ca	aution: A penalty of \$1,000 will be assessed for late filing of this report unless i	reasonable	cause	is establish	ed.	
A Nar	me of plan		В	Three-dig	git .	
				plan num	ber (PN)	▶ 002
Ban	kers Healthcare Group, Inc. Cash Balance Plan					
	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer	Identification	Number (EIN)
			İ	, ,		
Ban]	kers Healthcare Group, Inc.			65-0376	686	
Етур	pe of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	ar plan size:	X 10	0 or fewer	101-500	More than 500
Parl	t I Basic Information					
	10 21	ear 2013	3	•		
	Assets:					
	a Market value		*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	454,074
k	<b>b</b> Actuarial value				2b	454,074
3 F	Funding target/participant count breakdown:	(1)	Numl	per of partici	pants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	1			0	0
	b For terminated vested participants	)			10	3,225
	C For active participants;		7 -			
	(1) Non-vested benefits	1)	ķ			0
	(2) Vested benefits		:		100	381,434
	(3) Total active	3)			116	381,434
(	d Total 30				126	384,659
4 1	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				4b	
	at-risk status for fewer than five consecutive years and disregarding loading	ng factor				
5 I	Effective interest rate	***************			5	6,26 %
6	Target normal cost				6	387,956
	ment by Enrolled Actuary		ah wa mata	if one in comm	lote and equirate	. Each propositived accumpation was applied in
acc	the best of my knowledge, the information supplied in this schedule and accompanying schedules, state cordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking	into account th	ie exper	ience of the plar	and reasonable	expectations) and such other assumptions, in
	mbination, offer my best estimate of anticipated experience under the plan.					
	GN (AAC) V					06/20/2014
HE	RE Sall 7. Lunde					06/22/2014
	Šignature of actuary					Date
Scot	t E. Ruehr					14-02871
	Type or print name of actuary					ent enrollment number
Scot	t E. Ruehr, FSA		<del></del>			10) 622-5122
2121	Firm name ! Mansfield Avenue			Т	elephone nu	ımber (including area code)
24J4	Hanstrata Wande					
Drex	kel Hill PA 19026					
	Address of the firm					
If the a	actuary has not fully reflected any regulation or ruling promulgated under the sta	atute in com	ıpletin	g this sched	ule, check th	ne box and see
nstruc						L.1

Page	2	_
------	---	---

Pa	ırt II Begir	ining of Year Ca	rryover and Prefunding Ba	lances							
1 4	it ii   Degii	ining or rear oa	aryover und rectarioning De		(a) C	arryover balance	(b) I	Prefundi	ing balance		
7			er applicable adjustments (line 13 fr			0			0		
8	Portion elected prior year)	0									
			8)			O			0		
10	Interest on line	9 using prior year's ac	ctual return of0.00_%								
11	Prior year's exc	or year's excess contributions to be added to prefunding balance:									
	a Present value of excess contributions (line 38a from prior year)								104,908		
	<b>b</b> Interest on (a) using prior year's effective interest rate of 6.97 % except as otherwise provided (see instructions)								0		
	<b>c</b> Total available	at beginning of curren				104,908					
	d Portion of (c)	to be added to prefur	nding balance						104,908		
12	Other reduction	s in balances due to e	elections or deemed elections			C			0		
13	Balance at begi	nning of current year	(line 9 + line 10 + line 11d – line 12	)		0			104,908		
Pa	art III Fun	ding Percentage	es								
14		<del></del>	·					14	89.06 %		
		g target attainment pe						15	119.77 %		
	Prior year's fund	ding percentage for p	urposes of determining whether car					16	100.00 %		
17			ne plan is less than 70 percent of the					17	%		
Pa	art IV Cor	ntributions and L	Liquidity Shortfalls								
		iaue to the plan for th	e plan year by employer(s) and emp	oloyees:							
••-	(a) Date 4M-DD-YYYY)	(b) Amount paid employer(s)	e plan year by employer(s) and employer by (c) Amount paid by employees	oloyees: (a) Da (MM-DD-)		(b) Amount paid by employer(s)	(		unt paid by loyees		
03		(b) Amount paid employer(s)	by (c) Amount paid by	(a) Da							
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da							
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da		employer(s)	00 18(c)	emp			
19	MM-DD-YYYY) 3/13/2014	(b) Amount paid employer(s) 477	(c) Amount paid by employees	(a) Da (MM-DD-\	YYYY)	employer(s)	00 <b>18(c)</b>	emp	loyees		
	MM-DD-YYYY) 3/13/2014 Discounted em	(b) Amount paid employer(s) 477	by (c) Amount paid by employees	(a) Da (MM-DD-\	18(b)	employer(s)  477, 0  ne beginning of the year	00 <b>18(c)</b>	emp	loyees		
	MM-DD-YYYY)  3/13/2014  Discounted emparagement	(b) Amount paid employer(s) 477 400 400 400 400 400 400 400 400 400	(c) Amount paid by employees  , 000  see instructions for small plan with	(a) Da (MM-DD-) Totals ► a valuation da s from prior ye	18(b) ate after trears	employer(s)  477, 0  ne beginning of the year	00 18(c)	emp	0 0		
	MM-DD-YYYY)  3/13/2014  Discounted em  a Contributions  b Contributions	(b) Amount paid employer(s) 477 477  ployer contributions— a allocated toward unportant to avoid restricts	(c) Amount paid by employees  , 000  see instructions for small plan with paid minimum required contributions	(a) Da (MM-DD-)  Totals   a valuation da s from prior ye	18(b) ate after trears.	employer(s)  477, 0  ne beginning of the year  19a  19b	00 <b>18(c)</b>	emp	0 0 471,321		
	Discounted em a Contributions b Contributions	(b) Amount paid employer(s) 477 477  ployer contributions— a allocated toward unportant to avoid restricts	c) Amount paid by employees  complete see instructions for small plan with paid minimum required contributions citions adjusted to valuation date	(a) Da (MM-DD-)  Totals   a valuation da s from prior ye	18(b) ate after trears.	employer(s)  477, 0  ne beginning of the year  19a  19b	00 <b>18(c)</b>	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions Quarterly contri	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unp made to avoid restrict allocated toward minin butions and liquidity s	c) Amount paid by employees  complete see instructions for small plan with paid minimum required contributions citions adjusted to valuation date	(a) Da (MM-DD-) Totals ► a valuation da s from prior ye	18(b) ate after trears	477, 0 ne beginning of the year  19a 19b 1date 19c	00 18(c)	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unpose made to avoid restrict allocated toward minimulations and liquidity shave a "funding short	employees  contributions for small plan with paid minimum required contributions adjusted to valuation date	(a) Da (MM-DD-)  Totals   a valuation da s from prior year adjusted t	18(b) ate after trears	employer(s)  477, 0  ne beginning of the year  19a  19b  1date 19c	00 18(c)	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri Did the plan b If line 20a is	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unpermade to avoid restrict allocated toward mining butions and liquidity shave a "funding short" "Yes," were required	(c) Amount paid by employees  , 000  see instructions for small plan with paid minimum required contributions ctions adjusted to valuation date	(a) Da (MM-DD-)  Totals ▶  a valuation da s from prior ye  year adjusted t	18(b) ate after the	employer(s)  477, 0  ne beginning of the year  19a  19b  1date 19c	00 18(c)	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri Did the plan b If line 20a is	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unpermade to avoid restrict allocated toward mining butions and liquidity shave a "funding short" "Yes," were required	c) Amount paid by employees  c, 000  see instructions for small plan with paid minimum required contributions ctions adjusted to valuation date  mum required contribution for current y shortfalls:  tfall" for the prior year?	(a) Da (MM-DD-)  Totals ▶  a valuation da s from prior ye  year adjusted t  t year made it as applicable:	18(b) ate after the	employer(s)  477, 0  ne beginning of the year  19a  19b  19c  manner?	00 18(c)	emp	0 0 471,321 Yes X No Yes No		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri Did the plan b If line 20a is	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unput made to avoid restrict allocated toward minimulations and liquidity shave a "funding short" yes," were required "yes," see instruction	c) Amount paid by employees  c, 000  see instructions for small plan with paid minimum required contributions ctions adjusted to valuation date  mum required contribution for current y shortfalls:  tfall" for the prior year?	(a) Da (MM-DD-)  Totals ▶  a valuation da s from prior ye  year adjusted t  t year made it as applicable:	18(b) ate after the	employer(s)  477, 0  ne beginning of the year  19a  19b  19c  manner?	00 18(c)	emp	0 0 471,321		

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used			
	<b>b</b> Applicable month (	(enter code)			21b	4			
22	Weighted average re	tirement age			22	62			
23	Mortality table(s) (se	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitute	9			
Pai	rt VI Miscellane	ous Items							
	Has a change been r	nade in the non-prescribed ac	tuarial assumptions for the current						
25	Has a method chang	e been made for the current pl	lan year? If "Yes," see instructions	regarding required attach	nment	Yes No			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	Yes No			
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27				
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
28	····		years		28	0			
29	Discounted employer	r contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29	0			
30	Remaining amount o	of unpaid minimum required co	ntributions (line 28 minus line 29).		30	0			
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31		and excess assets (see instruc							
	a Target normal cost	(line 6)	***************************************		31a	387,956			
			line 31a		31b	0			
32	Amortization installm	nents:	14 THE .	Outstanding Bala	nce	Installment			
	a Net shortfall amort	ization installment		1	q	0			
	<b>b</b> Waiver amortization	on installment			q	0			
33	If a waiver has been (Month	approved for this plan year, er	nter the date of the ruling letter gra ) and the waived amount	nting the approval	33				
34	Total funding require		er/prefunding balances (lines 31a		34	387,956			
			Carryover balance	Prefunding balar	nce	Total balance			
35		use to offset funding			0	0			
36	Additional cash requ	irement (line 34 minus line 35)	)		36	387,956			
37	Contributions allocat	ted toward minimum required o	contribution for current year adjuste	ed to valuation date	37	471,321			
38	Present value of exc	cess contributions for current ye	ear (see instructions)						
	a Total (excess, if ar	ny, of line 37 over line 36)	***************************************		38a	83,365			
			prefunding and funding standard		38b	0			
39		- AMAPII	ear (excess, if any, of line 36 over		39	0			
40	Unpaid minimum red	quired contributions for all year	'S		40	0			
Pa			Pension Relief Act of 2010						
41	J	ade to use PRA 2010 funding i							
	a Schedule elected					2 plus 7 years			
			41a was made		Г.,	8 2009 2010 2011			
42			***************************************		42				
			ed over to future plan years		43				

### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 -

## Weighted average retirement age

### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

Bankers Healthcare Group, Inc. Cash Balance Plan 65-0376686 / 002 12/31/2013

PLAN: EIN/PN: PYE:

	40 & up											
	30 to 34 35 to 39											
	30 to 34											
4	25 to 29											
Years of Credited Service	20 to 24											
ars of Cred	15 to 19											
λe	10 to 14   15 to 19   20 to 24											
	5 to 9											
	1 to 4	13	29	31	10	11	7	80	3		2	7
	Under 1											
Attained	Age	Jnder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn % 02

## 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

2013

For calendar plan year 2013 or fiscal plan year beginning 01/0	01/2013		and endi	ng	12/31/2013
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	onable cau	se is establish	ed.	
A Name of plan			<b>B</b> Three-dig	git	
			plan num	ber (PN)	▶ 002
Bankers Healthcare Group, Inc. Cash Balance F	Plan	ļ			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer	Identification	Number (EIN)
		İ			
Bankers Healthcare Group, Inc.			65-0376	686	
E Type of plan: X Single Multiple-A Multiple-B	Prior year pla	an size: 🏻	100 or fewer	101-500	More than 500
Part I Basic Information					
1 Enter the valuation date: Month 12 Day 31	Year	2013			
2 Assets:					
a Market value				2a	454,074
<b>b</b> Actuarial value	***************************************			2b	454,074
3 Funding target/participant count breakdown:		(1) Nu	ımber of partici	pants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a			0	0
<b>b</b> For terminated vested participants				10	3,225
C For active participants;		1		14114	
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	- (-)				381,434
(3) Total active	<del></del>			116	381,434
d Total	0.1			126	384,659
4 If the plan is in at-risk status, check the box and complete lines (a) and			7		
a Funding target disregarding prescribed at-risk assumptions		_	<del></del>	4a	
b Funding target disregarding prescribed at-risk assumptionsb				<u> </u>	
at-risk status for fewer than five consecutive years and disregarding	ng loading fa	otor		4b	
5 Effective interest rate				5	6,26 %
6 Target normal cost				6	387,956
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying sched accordance with applicable law and regulations. In my opinion, each other assumption is reasonate.	lules, statements able (taking into a	and attachme account the ex	ents, if any, is comp perience of the plan	lete and accurate and reasonable	e. Each prescribed assumption was applied in expectations) and such other assumptions, in
combination, offer my best estimate of anticipated experience under the plan.					
SIGN (					
HERE State y Run le					06/22/2014
Signature of actuary					Date
Scott E. Ruehr					14-02871
Type or print name of actuary				Most rec	ent enrollment number
Scott E. Ruehr, FSA	_			(61	0) 622-5122
Firm name			T	elephone nu	ımber (including area code)
2434 Mansfield Avenue					
Drexel Hill PA 19	026				
Address of the firm			~		
If the actuary has not fully reflected any regulation or ruling promulgated unde	or the etatute	in comple	ting this school	ule, check th	ne box and see
in the actually has not fully reflected any regulation of ruling promulgated under instructions	or the statute	comple		, oncon u	

Page	2	_
------	---	---

Pa	ırt II Begir	ining of Year Ca	rryover and Prefunding Ba	lances							
1 4	it ii   Degii	ining or rear oa	aryover und rectarioning De		(a) C	arryover balance	(b) I	Prefundi	ing balance		
7			er applicable adjustments (line 13 fr			0			0		
8	Portion elected prior year)	0									
			8)			O			0		
10	Interest on line	9 using prior year's ac	ctual return of0.00_%								
11	Prior year's exc	or year's excess contributions to be added to prefunding balance:									
	a Present value of excess contributions (line 38a from prior year)								104,908		
	<b>b</b> Interest on (a) using prior year's effective interest rate of 6.97 % except as otherwise provided (see instructions)								0		
	<b>c</b> Total available	at beginning of curren				104,908					
	d Portion of (c)	to be added to prefur	nding balance						104,908		
12	Other reduction	s in balances due to e	elections or deemed elections			C			0		
13	Balance at begi	nning of current year	(line 9 + line 10 + line 11d – line 12	)		0			104,908		
Pa	art III Fun	ding Percentage	es								
14		<del></del>	·					14	89.06 %		
		g target attainment pe						15	119.77 %		
	Prior year's fund	ding percentage for p	urposes of determining whether car					16	100.00 %		
17			ne plan is less than 70 percent of the					17	%		
Pa	art IV Cor	ntributions and L	Liquidity Shortfalls								
		iaue to the plan for th	e plan year by employer(s) and emp	oloyees:							
••-	(a) Date 4M-DD-YYYY)	(b) Amount paid employer(s)	e plan year by employer(s) and employer by (c) Amount paid by employees	oloyees: (a) Da (MM-DD-)		(b) Amount paid by employer(s)	(		unt paid by loyees		
03		(b) Amount paid employer(s)	by (c) Amount paid by	(a) Da							
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da							
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da			(				
03	/M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) Da		employer(s)	00 18(c)	emp			
19	MM-DD-YYYY) 3/13/2014	(b) Amount paid employer(s) 477	(c) Amount paid by employees	(a) Da (MM-DD-\	YYYY)	employer(s)	00 <b>18(c)</b>	emp	loyees		
	MM-DD-YYYY) 3/13/2014 Discounted em	(b) Amount paid employer(s) 477	by (c) Amount paid by employees	(a) Da (MM-DD-\	18(b)	employer(s)  477, 0  ne beginning of the year	00 <b>18(c)</b>	emp	loyees		
	MM-DD-YYYY)  3/13/2014  Discounted emparagement	(b) Amount paid employer(s) 477 400 400 400 400 400 400 400 400 400	(c) Amount paid by employees  , 000  see instructions for small plan with	(a) Da (MM-DD-) Totals ► a valuation da s from prior ye	18(b) ate after trears	employer(s)  477, 0  ne beginning of the year	00 18(c)	emp	0 0		
	MM-DD-YYYY)  3/13/2014  Discounted em  a Contributions  b Contributions	(b) Amount paid employer(s) 477 477  ployer contributions— a allocated toward unportant to avoid restricts	(c) Amount paid by employees  , 000  see instructions for small plan with paid minimum required contributions	(a) Da (MM-DD-)  Totals   a valuation da s from prior ye	18(b) ate after trears.	employer(s)  477, 0  ne beginning of the year  19a  19b	00 <b>18(c)</b>	emp	0 0 471,321		
	Discounted em a Contributions b Contributions	(b) Amount paid employer(s) 477 477  ployer contributions— a allocated toward unportant to avoid restricts	c) Amount paid by employees  complete see instructions for small plan with paid minimum required contributions citions adjusted to valuation date	(a) Da (MM-DD-)  Totals   a valuation da s from prior ye	18(b) ate after trears.	employer(s)  477, 0  ne beginning of the year  19a  19b	00 <b>18(c)</b>	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions Quarterly contri	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unp made to avoid restrict allocated toward minin butions and liquidity s	c) Amount paid by employees  complete see instructions for small plan with paid minimum required contributions citions adjusted to valuation date	(a) Da (MM-DD-) Totals ► a valuation da s from prior ye	18(b) ate after trears	477, 0 ne beginning of the year  19a 19b 1date 19c	00 18(c)	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unpose made to avoid restrict allocated toward minimulations and liquidity shave a "funding short	employees  contributions for small plan with paid minimum required contributions adjusted to valuation date	(a) Da (MM-DD-)  Totals   a valuation da s from prior year adjusted t	18(b) ate after trears	employer(s)  477, 0  ne beginning of the year  19a  19b  1date 19c	00 18(c)	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri Did the plan b If line 20a is	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unpermade to avoid restrict allocated toward mining butions and liquidity shave a "funding short" "Yes," were required	(c) Amount paid by employees  , 000  see instructions for small plan with paid minimum required contributions ctions adjusted to valuation date	(a) Da (MM-DD-)  Totals ▶  a valuation da s from prior ye  year adjusted t	18(b) ate after the	employer(s)  477, 0  ne beginning of the year  19a  19b  1date 19c	00 18(c)	emp	0 0 471,321		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri Did the plan b If line 20a is	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unpermade to avoid restrict allocated toward mining butions and liquidity shave a "funding short" "Yes," were required	c) Amount paid by employees  c, 000  see instructions for small plan with paid minimum required contributions ctions adjusted to valuation date  mum required contribution for current y shortfalls:  tfall" for the prior year?	(a) Da (MM-DD-)  Totals ▶  a valuation da s from prior ye  year adjusted t  t year made it as applicable:	18(b) ate after the	employer(s)  477, 0  ne beginning of the year  19a  19b  19c  manner?	00 18(c)	emp	0 0 471,321 Yes X No Yes No		
19	Discounted em a Contributions b Contributions C Contributions Quarterly contri Did the plan b If line 20a is	(b) Amount paid employer(s) 477 477  ployer contributions— allocated toward unput made to avoid restrict allocated toward minimulations and liquidity shave a "funding short" yes," were required "yes," see instruction	c) Amount paid by employees  c, 000  see instructions for small plan with paid minimum required contributions ctions adjusted to valuation date  mum required contribution for current y shortfalls:  tfall" for the prior year?	(a) Da (MM-DD-)  Totals ▶  a valuation da s from prior ye  year adjusted t  t year made it as applicable:	18(b) ate after the	employer(s)  477, 0  ne beginning of the year  19a  19b  19c  manner?	00 18(c)	emp	0 0 471,321		

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used			
	<b>b</b> Applicable month (	(enter code)			21b	4			
22	Weighted average re	tirement age			22	62			
23	Mortality table(s) (se	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitute	9			
Pai	rt VI Miscellane	ous Items							
	Has a change been r	nade in the non-prescribed ac	tuarial assumptions for the current						
25	Has a method chang	e been made for the current pl	lan year? If "Yes," see instructions	regarding required attach	nment	Yes No			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	Yes No			
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27				
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
28	····		years		28	0			
29	Discounted employer	r contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29	0			
30	Remaining amount o	of unpaid minimum required co	ntributions (line 28 minus line 29).		30	0			
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31		and excess assets (see instruc							
	a Target normal cost	(line 6)	***************************************		31a	387,956			
			line 31a		31b	0			
32	Amortization installm	nents:	14 THE .	Outstanding Bala	nce	Installment			
	a Net shortfall amort	ization installment		1	q	0			
	<b>b</b> Waiver amortization	on installment			q	0			
33	If a waiver has been (Month	approved for this plan year, er	nter the date of the ruling letter gra ) and the waived amount	nting the approval	33				
34	Total funding require		er/prefunding balances (lines 31a		34	387,956			
			Carryover balance	Prefunding balar	nce	Total balance			
35		use to offset funding			0	0			
36	Additional cash requ	irement (line 34 minus line 35)	)		36	387,956			
37	Contributions allocat	ted toward minimum required o	contribution for current year adjuste	ed to valuation date	37	471,321			
38	Present value of exc	cess contributions for current ye	ear (see instructions)						
	a Total (excess, if ar	ny, of line 37 over line 36)	***************************************		38a	83,365			
			prefunding and funding standard		38b	0			
39		- AMAPII	ear (excess, if any, of line 36 over		39	0			
40	Unpaid minimum red	quired contributions for all year	'S		40	0			
Pa			Pension Relief Act of 2010						
41	J	ade to use PRA 2010 funding i							
	a Schedule elected					2 plus 7 years			
			41a was made		Г.,	8 2009 2010 2011			
42			***************************************		42				
			ed over to future plan years		43				

### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 -

## Weighted average retirement age

### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/13

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

Bankers Healthcare Group, Inc. Cash Balance Plan 65-0376686 / 002 12/31/2013

PLAN: EIN/PN: PYE:

	40 & up											
	30 to 34 35 to 39											
	30 to 34											
4	25 to 29											
Years of Credited Service	20 to 24											
ars of Cred	15 to 19											
λe	10 to 14   15 to 19   20 to 24											
	5 to 9											
	1 to 4	13	29	31	10	11	7	80	3		2	7
	Under 1											
Attained	Age	Jnder 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn % 02