#### 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

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report le	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 09/01/2013		and ending 0	8/31/2	2014	
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	turn/report is:	片 ' 片	ne final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths)	)	
C Check I	box if filing under:		utomatic extension			DFVC progra	am
Dest II	Daria Diana Indan	special extension (enter description)					
Part II		mation—enter all requested informati	on		41-		I
1a Name COMPLETE		Y PC DEFINED BENEFIT PLAN			10	Three-digit plan number (PN)	001
					1c	Effective date o	
	ponsor's name and add	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
110 ST NIC	HOLS AVENUE				2c	Sponsor's telep	
BROOKLYN					2d	Business code 62111	(see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 1611							
		plan sponsor has changed since the las ber from the last return/report.	t return/report filed to	or this plan, enter the	4b	EIN	
	or's name	ber nom the last return/report.			4c	PN	
<b>5a</b> Total r	number of participants a	at the beginning of the plan year			5a		2
<b>b</b> Total r	number of participants a	it the end of the plan year			5b		2
		ccount balances as of the end of the pla	• •	•	5c		
_		during the plan year invested in eligible					X Yes No
<b>b</b> Are you under	ou claiming a waiver of t 29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility an	independent qualifie d conditions.)	d public accountant (IQI	PA)		X Yes No
		her line 6a or line 6b, the plan cannot					
C If the p	olan is a defined benefit	plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)? .		Yes X No	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/va	alid electronic signature.	06/08/2015	MARIANO MEDEROS	5		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN	Filed with authorized/v	alid electronic signature.	06/08/2015	MARIANO MEDEROS	6		
HERE	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>.</u>	Total plan assets	7a		0			158682
	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c		0			158682
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		, ,				(0) 1010.
	(1) Employers	8a(1)	15868.	2			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b		0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					158682
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i_	Net income (loss) (subtract line 8h from line 8c)	8i					158682
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	he instructions:
Part	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X	
						Χ	
d	Did the plan have a loss, whether or not reimbursed by the plan's		10c		X		
	or dishonesty?			10d			
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	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i			
Part		-				<u> </u>	
11	Is this a defined benefit plan subject to minimum funding requirem						
110	5500) and line 11a below)						<u>N</u> 163   NO
	Enter the unpaid minimum required contribution for current year fr		· · · · · ·			11a	EDIOAG   D V D v
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction (	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir		•	ctions	and a	antor +L	a date of the letter ruling
	granting the waiver.		Mon		ailu (	Day	Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	,	m 5500), and skip to line 13.			10L	Ι
b	Enter the minimum required contribution for this plan year					12b	1

Page	3	- [	1
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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 Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

### 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).

ode).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

					File as	an attachme	ent to Form	5500 or 5	5500-8	SF.					
Fc	r calendar	plan year 20 <sup>-</sup>	13 or fiscal p	lan yea	ar beginning 0	9/01/2013				and endi	ng <mark>08/3</mark> 1	1/2014	1		
•	Round o	f amounts to	nearest do	llar.											
•	Caution:	A penalty of S	\$1,000 will be	e asse	ssed for late filing o	of this report	unless reas	onable ca	use is	establish	ed.				
	Name of p		CAL OF NY F	PC DE	FINED BENEFIT P	LAN			В	Three-dig	,		•	001	I
C	Plan spon	or's name as	shown on li	ine 22	of Form 5500 or 55	:00-SE			D E	Employer	Identificati	on Nu	ımhar (	EINI)	
		CARE MEDIC			or i omi 5500 or 55	100-31			ָּר <b>ט</b> ו	Imployer			iiibei (	LIIV)	
											06-1174	926			
F	Type of pla	n: X Single	Multiple	ρ-Δ	Multiple-B	F	Prior year pla	an size. X	100	or fewer	T 101-50	οП	More t	han 500	
				υ <i>γ</i> ι	Watapie B	"	i noi youi pi	AIT 0120. 1	100	OI IOWOI		υ Ц	WOICE	nan ooo	
		Basic Info													
1		e valuation da	ate:	М	onth <u>08</u> I	Day <u>31</u>	Year _	2014							
2	Assets:														
	_										2a				(
	<b>b</b> Actua	rial value									2b				(
3	Funding	target/partici	pant count b	reakdo	own:			(1) N	umber	of partici	pants		(2)	Funding T	arget
	<b>a</b> For re	tired participa	ants and ben	eficiari	es receiving payme	ent					0				(
	<b>b</b> For te	rminated ves	ted participa	nts			. <b>3b</b>				0				(
	<b>C</b> For a	ctive participa	nts:												
	(1)	Non-vested	l benefits				` '								(
	(2)	Vested ber	efits												(
	(3)	Total active	)				. 3c(3)				2				(
	<b>d</b> Total						. 3d				2				C
4	If the pl	an is in at-risk	status, ched	ck the l	oox and complete li	ines (a) and (	(b)								
	<b>a</b> Fundi	ng target disr	egarding pre	scribe	d at-risk assumptio	ns			<u> </u>		4a				
					nptions, but disrega						4b				
	at-	risk status for	fewer than f	ive cor	nsecutive years and	d disregardin	g loading fa	ctor							
5	Effective	e interest rate									5				6.32 %
6	Target i	ormal cost									6				116455
	To the best of accordance of combination,	vith applicable law	he information so and regulations	. In my o	n this schedule and accor pinion, each other assum ience under the plan.										
	SIGN HERE											(	05/07/2	2015	
			S	Signatu	re of actuary				_				Date		
DO	MENIC P.	D'ALISE		ŭ	·								14-022	297	
			Type	or prin	t name of actuary				_		Most re	cent e		ent numbe	er
SC	HWEITZEI	R & COMPAN												9-2200	
			.,	Fir	m name				_	Т.	elephone n				code)
	0 HOWELI	.S ROAD			in name						Siephone n	idilibe	, (IIIOIC	ading area	0000)
	JITE 4 XY SHORE	NY 11706													
				A ddra	ss of the firm				_						
				Audie	35 UI IIIE IIIIII										
	e actuary h	as not fully re	eflected any	regulat	ion or ruling promu	ılgated under	the statute	in comple	eting th	nis schedu	ıle, check t	the bo	x and	see	

Page	2	-	ı
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Schedule SB (Form 5500) 2013

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances						
	•	_			<del>_</del>		(a) (	Carryover balance		(b) F	Prefund	ing balance
7		-			cable adjustments (line 13 f				0			0
8			•	-	unding requirement (line 35				0			0
9	Amoun	nt remainii	ng (line 7 minus lir	ne 8)					0			0
10	Interes	t on line 9	using prior year's	s actual ret	turn of%							
11	Prior ye	ear's exce	ess contributions t	o be added	d to prefunding balance:							
	<b>a</b> Pres	ent value	of excess contrib	utions (line	38a from prior year)							0
					interest rate of%							
	<b>C</b> Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	ice						0
	<b>d</b> Porti	ion 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	ear (line 9 -	+ line 10 + line 11d – line 12	)			0			0
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	ttainment percent	age							14	100.00 %
15	Adjuste	ed funding	g target attainmen	t percentaç	ge						15	100.00 %
16					of determining whether car						16	100.00 %
17	If the c	urrent val	ue of the assets o	f the plan i	is less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	outions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:						
(N	(a) Dat 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	<b>(a)</b> [ (MM-DE		<b>(b)</b> Amount pa employer(s		(0		int paid by oyees
04	/10/2015	5		158682	0							
											1	
						Totals ▶	18(b)		158682	18(c)		0
19			•		tructions for small plan with							
					imum required contributions		-	F	19a			0
					djusted to valuation date			F	19b			0
					uired contribution for current y	ear adjusted	d to valuation	date	19c			152784
20		-	outions and liquidit	-							Г	1 v 🗆 v
		•	•		the prior year?							」Yes X No
					y installments for the curren	-	-	manner?			<u> </u>	Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a Liquidity shortfall as of e			n voor				
		(1) 19	st		(2) 2nd	ina or quarte	(3)	3rd			(4) 4tl	า
		. ,			, ,		. , ,				<u>. ,                                     </u>	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment 6.99 %		N/A, fu	II yield	curve	e used
	<b>b</b> Appl	icable month (	enter code)			21b				0
22	Weight	ed average ret	tirement age			22				65
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items			<del></del>				
24				cuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	eauired	<u> </u>	
		-			•				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			Yes	X No
27	If the p	lan is subject to	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				
	attachn	nent				21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	minimum requ	uired contributions for all prior	years		28				0
29				unpaid minimum required contrib		29				0
30	-			ntributions (line 28 minus line 29)		30				0
			Required Contribution	· · · · · · · · · · · · · · · · · · ·		1				
31		1	nd excess assets (see instruct							
			•			31a				116455
	_		· · · · · · · · · · · · · · · · · · ·	line 31a		31b				0
32		zation installme	<u> </u>	iiiic 01a	Outstanding Bala	1	lı	nstallm	ent	
02					Outotaining Bail	0		- Iotalii II	CIT	0
	_					0				0
33				ter the date of the ruling letter grar	ting the approval					- 0
55				) and the waived amount		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				116455
				Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35	Balanc	es elected for i	use to offset funding							
	require	ment		0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				116455
37				ontribution for current year adjuste		37				152784
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		1				
-			<u> </u>			38a				36329
				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40		·		)	· · · · · · · · · · · · · · · · · · ·	40				0
Pa	rt IX			Pension Relief Act of 2010		)				
			de to use PRA 2010 funding re		,	•				
						П	2 plus 7 yea	ırs	15	years
				41a was made				2010		2011
42			,	- Tu Was made		42				
				d over to future plan years		43				
43	EXCESS	installment ac	celeration amount to be came	d over to future plan years		43				

#### Attachment to 2013 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Complete Medical Care of NY PC Defined Benefit Plan	EIN:	06-1174926
Plan Sponsor's Name	PN:	001
The weighted average retirement age is equal to the normal retirement age of65	· ·	
List the rate of retirement at each age and describe the methodology used to compute tretirement age, including a description of the weight applied at each potential retirement Plan Participants' NRA=65.	•	hted average
Weighted Avg. NRA is 65.		

#### SCHEDULE SB (Form 5500)

Dapariment of the Treasury Internal Revenue Service

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

This Form is Open to Public

QMB No. 1210-0110

2013

This schedule is required to be filed under section 104 of the Employee Department of Labor Employee Scribits Security Administration Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Inspection internal Revenue Code (the Code). Pension Banafil Gustanty Corporation ▶ File as an attachment to Form 5500 or 5500-8F. For calendar plan year 2013 or fiscal plan year beginning 09/01/2013 and ending 08/31/2014 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-trigit 001 COMPLETE CARE MEDICAL OF NY PC DEFINED BENEFIT PLAN plan number (PN) Employer Identification Number (EIN) Plan aponsor's name as shown on line 2a of Form 5500 or 5500-SF COMPLETE CARE MEDICAL OF NY PC 06-1174926 Prior year plan size: X 100 or fewer 101-500 E Type of plan: X Single Multiple-A Multiple-IB Basic Information Year 2014 Enter the valuation date: Month 08 Day 31 Assets: 2a 0 b Actuariai value ...... O Funding target/participant count breakdown: (1) Number of participants (2) Funding Target 2 For retired participants and beneficiaries receiving payment..... 3a Ö 0 b For terminated vested participants...... 0 0 C For active participants: 3c(1) 0 (1) Non-vested benefits ...... 3c(2) (2) Vested benefits 0 3c(3) 2 0 d Total 0 If the plan is in at-risk status, check the box and complete lines (a) and (b)...... 4a 2 Funding target disregarding prescribed at-risk assumptions ...... b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4h at-risk status for fewer than five consecutive years and disregarding loading factor...... 5 Effective Interest rate ..... 8.32 % Target namnal cost 6 116455 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accounts. Each prescribed assumption was applied in account the experience of the plan and regulations. In my opinion, each other assumptions, in combination, offer my tost of small of experience when the plan and regulations and auch other assumptions, in combination, offer my tost of small of experience when the plan. Menn 05/07/2015 Signature of actuary Date DOMENIC P. C'ALISE 14-02297 Type or print name of actuary Most recent enrollment number SCHWEITZER & COMPANY, LLC B31-969-2200 Firm name Telephone number (including area code) 160 HOWELLS ROAD SUITE 4 BAY SHORE, NY 11706 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this achedule, check the box and see instructions

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Pa	rt II Beginning of Ye	ear Carryove	r and Prefunding Ba	lances							
					(a) Ca	rryover balance		(b) Pr	efundir	g balar	ce
7	Balance at beginning of prior year)	year after applica	able adjustments (line 13 fr	om prior		,	0				0
8	Portion elected for use to offs prior year)	et prior year's fu	nding requirement (line 35 t	from			0				0
9	Amount remaining (line 7 min	us line 8)					0				0
10	Interest on line 9 using prior y	ear's actual retu	rn of%						- Control of the control	Ferrora ar an indicate	Carried Address
11	Prior year's excess contributi				3 (2)			) dist			215461
	a Present value of excess co	ntributions (line (	38a from prior year)			14 T					0
	<b>b</b> Interest on (a) using prior y as otherwise provided (se	vear's effective in ee instructions)	iterest rate of%	except :	PZ TEST						
	C Total available at beginning	of current plan yea	ar to add to prefunding balan	œ							0
	d Portion of (c) to be added	to prefunding bal	ance			5.00					0
12	Other reductions in balances	due to elections	or deemed elections				0				0_
13	Balance at beginning of curre						0				0
Sant S	art III Funding Perc		···								
14	V) Lodered ( 1880 1980 1980 1980 1980 1980 1980 1980		\					,	14	10	0.00 %
15	Adjusted funding target attair								15		0.00 %
16	Prior year's funding percenta	ge for purposes	of determining whether can	yover/pref	unding baland	ces may be used t	o reduc	e	16		0.00 %
47	current year's funding require								17		%
	CONTRACTOR OF THE PROPERTY OF			, lulius g to	.,,90,, 0.1.0, 0.					· · · · · · · · · · · · · · · · · · ·	
77. THE TOWN THE	art IV Contributions						•			<del></del>	
18	Contributions made to the plant (a) Date (b) Amo	unt paid by	(c) Amount paid by		Date	(b) Amount pa	d by	(c)	Amou	nt paid	by :
(N		loyer(s)	employees		D-YYYY)	employer(s				oyees	1 2
04	1/10/2015	158682	0								
			or the second								
											25.5
			ACC	Totals >	18(b)		158682	18(c)			0
19	Discounted employer contrib				date after the	e beginning of the	year:				-
	a Contributions allocated tov	vard unpaid mini	mum required contributions	from prior	years		19a				0
	<b>b</b> Contributions made to avo	id restrictions ad	justed to valuation date				19b				0
	C Contributions allocated towa					Г	19c				152784
20				<del></del>							
	a Did the plan have a "fundi									Yes	X No
	<b>b</b> If line 20a is "Yes," were re		and the second s	4		3.1			<u></u>	Yes	☐ No
	C If line 20a is "Yes," see ins	tructions and co	mplete the following table a	s applicab	le:	e Teaching					
			Liquidity shortfall as of e	nd of quart				,	4\ 44		
	(1) 1st		(2) 2nd		(3)	3rd	-	(	4) 4tl	1	

Prescribed - separate   Substitute	0 65 No No			
b Applicable month (enter code)	0 65 No No 0			
Weighted average retirement age	65 No No 0			
Prescribed - separate   Substitute   Part VI   Miscellaneous Items	0			
Part VI Miscellaneous Items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.  25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  27 Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years  28 Unpaid minimum required contributions for all prior years  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years  (line 19a).  30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  31	ló lo 0			
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 10 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 11 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No. 12 Has a method change been made for the current plan year? If "Yes," No. 12 Has a method change been made for the current	ló lo 0			
attachment	0 10			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	0			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	0			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	0			
28 Unpaid minimum required contributions for all prior years	0			
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	0			
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)				
	0			
Part VIII   Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):	-			
a Target normal cost (line 6) 1164	55			
b Excess assets, if applicable, but not greater than line 31a	0			
32 Amortization installments: Outstanding Balance Installment				
Net shortfall amortization installment	0			
<b>b</b> Waiver amortization installment	0			
If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount				
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34	55			
Carryover balance Prefunding balance Total balance	V 21			
35 Balances elected for use to offset funding requirement	0			
36 Additional cash requirement (line 34 minus line 35)	 55			
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date	152784			
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)	29			
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	0			
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	0			
40 Unpaid minimum required contributions for all years	0			
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)				
41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected				
b Eligible plan year(s) for which the election in line 41a was made				
42 Amount of acceleration adjustment	<del></del>			
43 Excess installment acceleration amount to be carried over to future plan years				

## Complete Care Medical of NY PC Defined Benefit Plan

Adjusted Funding Target Attainment Percentage (AFTAP) for the plan year ending 08/31/2015 as of 04/10/2015

The Internal Revenue Code Section 436 mandates the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). AFTAP is a ratio utilized to determine if a Plan is limited in regard to Plan Amendments, lump sum distributions, and accrual of benefits.

1. Value of Benefit Liability	118,202
2. Plan Asset Value (Accrual Basis)	158,682
3. Prior Year Carryover Balance	0
4. Prior Year Pre-Funding Balance	ñ
5. Funding Target Attainment Percentage	134.25%
6. Adjusted Funding Target Attainment Pctg.	134.25%

The AFTAP is > 80%. None of the Plan limitations mentioned above are applicable.

Actuary's Name : Domenic P. D'Alise # 14-02297.

05-07-2015

Date

#### SCHEDULE SB (Form 5500)

Department of the Treasury internal Revenue Service

Employee Servills Security Administration

160 HOWELLS ROAD SUITE 4 BAY SHORE, NY 11706

Pension Benefit Guaranty Corporation

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

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

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

File as an attachment to Form 5500 or 5500-8F. For calendar plan year 2013 or fiscal plan year beginning 09/01/2013 and ending 08/31/2014 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan Three-digit 001 COMPLETE CARE MEDICAL OF NY PC DEFINED BENEFIT PLAN plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) COMPLETE CARE MEDICAL OF NY PC 06-1174926 E Type of plan: X Single Multiple-A Multiple-B Prior year plan size: X 100 or fewer 101-500 More than 500 Part I **Basic Information** Enter the valuation date: Month \_ 08 Day 31 Year 2014 Assels: ā Market value ...... 0 b Actuarial value ..... O Funding target/participant count breakdown: (1) Number of participants (2) Funding Target 3a ٥ 2 For retired participants and beneficiaries receiving payment...... 0 3b b For terminated vested participants..... 0 Q C For active participants: 3c(1) 0 (1) Non-vested benefits ...... 3c(2) (2) Vested benefits 0 3c(3) 2 0 3d 2 Q 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 Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor..... 5 8.32 % Target normal cost 6 118455 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accourable. Each prescribed assumption was applied in accourable toward regulations. In my opinion, each other assumptions, in combination, offer my total activated experience of the plan and responsible experience of the plan and responsible experience of articlested experience under the plan. Monre 05/07/2015 Signature of actuary Date DOMENIC P. D'ALISE 14-02297 Type or print name of actuary Most recent annothment number SCHWEITZER & COMPANY, LLC 631-969-2200 Firm name Telephone number (Including area code)

instructions For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

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

Address of the firm

Schedule SB (Form 5500) 2013

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Page	Z	-	11

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D۵	rt II Begin	ning of Year Carryov	er and Prefunding Ba	lances		İ							. ————
	nam neam	ining or roar ourryov	o. and i returning be			(a) C	arry	over balance		(b) F	refundir	ng balan	ce
7			cable adjustments (line 13 fr						0				0
8	prior year)		unding requirement (line 35						0				0
9									0				0_
10	Interest on line 9	using prior year's actual re	urn of%		100	: or espokan	100.595				and the	istreste ti	7. 20 A 20
11	Prior year's exce	ess contributions to be adde	d to prefunding balance:			2.2			#	1,150			Carping (1)
	a Present value	of excess contributions (line	38a from prior year)					100			:		0
	as otherwise	provided (see instructions)	interest rate of%					ellingin or Letter					
	<b>c</b> Total available	at beginning of current plan y	ear to add to prefunding balan	ce					-				0
			alance		: 1	i i		<u> </u>					0
12	Other reductions	in balances due to election	s or deemed elections						0				0
13	Balance at begir	nning of current year (line 9	+ line 10 + line 11d - line 12	)			:		0		<del></del>		. 0
P	art III Fun	ding Percentages											
14	Funding target a	ittainment percentage							<u> </u>		14	10	0.00 %
		target attainment percenta			11 1		1		ļ.,		15	10	0.00 %
16	Prior year's fund current year's fu	ling percentage for purpose nding requirement	s of determining whether car	ryover/pre	funding	balan	ces	may be used	to reduc	e	16	10	0.00 %
17	If the current val	ue of the assets of the plan	is less than 70 percent of the	e funding t	arget, e	enter s	uch	percentage.	<u></u>		17		··· %
Р	art IV Con	tributions and Liquid	lity Shortfalls										
日本の関連の行う	P. A. Schalf A. Jan-Act schwarf and description		year by employer(s) and emp	oloyees:		. :	. ;						
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a)	Date			(b) Amount p		(4	c) Amou		by
<u>(N</u>	M-DD-YYYY)	employer(s)	employees	(MM-D	D-YYY	Υ)		employer	(s)	<u> </u>	empi	oyees	
04	1/10/2015	158682	0			- :	:			<u> </u>			
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			. 114		<u> </u>		<u> </u>		<del> </del>	<u> </u>	·		
		,								<u> </u>			1
										<del> </del>			
E1Z-NONTHARMS		No. 10				1 4			1	1			
	41	The state of the s				18(b)			158682	18(c)			- 0
19	Discounted emp	loyer contributions – see in	structions for small plan with	a valuatio	n date	after th	e b	eginning of th					
		•	nimum required contributions	-	11				19a		: 1		0
	<b>b</b> Contributions	made to avoid restrictions a	djusted to valuation date		ļ				19b	4.7	·		0
	C Contributions	allocated toward minimum red	uired contribution for current y	ear adjuste	ed to va	luation	dat	e.:	19c	an provincial and	Abunta a da er et	·	152784
20	Quarterly contrib	outions and liquidity shortfal	s:				:	5		En S			
	-		the prior year?	1.00	110 20 00						<u> </u>	Yes	X No
	<b>b</b> If line 20a is "	Yes," were required quarter	ly installments for the curren	t year mad	le in a t	imely	mar	ner?				Yes	No
	C If line 20a is "	Yes," see instructions and o	omplete the following table a		11 .	the transfer	1 -	in a su				400	
			Liquidity shortfall as of e	nd of quar	ter of t		T				(4) 46		<b></b>
	(1) 1:	st	(2) 2nd		 	(3)	3rd	<u> </u>			(4) 4t	[1	
			a Colo				-  :						
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					11 -	****							

21 Discount rate:  a Segment rates:  1st segment: 4.99%  b Applicable month (enter code)	urve used 0 65
b Applicable month (enter code)	0
22 Weighted average retirement age	···
23 Mortality table(s) (see instructions)	65
Part VI Miscellaneous Items	
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required	
and the second of the second o	es 🛛 No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	′es ⊠ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	′es 🛛 No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	1
28 Unpaid minimum required contributions for all prior years	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	0
Part VIII Minimum Required Contribution For Current Year	
31 Target normal cost and excess assets (see instructions):	
a Target normal cost (line 6)	116455
b Excess assets, if applicable, but not greater than line 31a	0
32 Amortization installments: Outstanding Balance Installment	nt
Net shortfall amortization installment	0
<b>b</b> Waiver amortization installment	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day) and the waived amount	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34	116455
Carryover balance Prefunding balance Total balan	ce
35 Balances elected for use to offset funding requirement	0
36 Additional cash requirement (line 34 minus line 35)	116455
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	152784
38 Present value of excess contributions for current year (see instructions)	
a Total (excess, if any, of line 37 over line 36)	36329
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	0
40 Unpaid minimum required contributions for all years 40	0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	
41 If an election was made to use PRA 2010 funding relief for this plan:	***
a Schedule elected	15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made	2011
42 Amount of acceleration adjustment	<del></del>
43 Excess installment acceleration amount to be carried over to future plan years	