#### 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

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

Revenue Code (the Code).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

| Part I                                                                                                                                     | Annual Repor                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t Identification Information                                                                                                               | n                                                                                    |                                                                                                                                 |                                                                                                                                                    |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| For calend                                                                                                                                 | dar plan year 2014 or                                                                                                                                                                                                                                                                                                                                                                                                                                                       | fiscal plan year beginning 01/01/2                                                                                                         | 2014                                                                                 | and ending 12                                                                                                                   | 2/31/2014                                                                                                                                          |                                                         |
| <b>A</b> This re                                                                                                                           | eturn/report is for:                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a single-employer plan                                                                                                                     |                                                                                      | ver plan (not multiemployer) mployer information in accor                                                                       | ,                                                                                                                                                  |                                                         |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a one-participant plan                                                                                                                     | a foreign plan                                                                       |                                                                                                                                 |                                                                                                                                                    |                                                         |
| <b>B</b> This ref                                                                                                                          | turn/report is                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the first return/report                                                                                                                    | the final return/rep                                                                 | port                                                                                                                            |                                                                                                                                                    |                                                         |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | an amended return/report                                                                                                                   | a short plan year ı                                                                  | return/report (less than 12 m                                                                                                   | nonths)                                                                                                                                            |                                                         |
| C Check                                                                                                                                    | box if filing under:                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X Form 5558                                                                                                                                | automatic extens                                                                     | ion                                                                                                                             | DFVC pro                                                                                                                                           | gram                                                    |
|                                                                                                                                            | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | special extension (enter des                                                                                                               | cription)                                                                            |                                                                                                                                 |                                                                                                                                                    |                                                         |
|                                                                                                                                            | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                      |                                                                                                                                 |                                                                                                                                                    |                                                         |
| Part II                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ormation—enter all requested in                                                                                                            | nformation                                                                           |                                                                                                                                 | T 41                                                                                                                                               | 1                                                       |
| 1a Name                                                                                                                                    | e of plan<br>RE DEFINED BENEF                                                                                                                                                                                                                                                                                                                                                                                                                                               | IT DLAN                                                                                                                                    |                                                                                      |                                                                                                                                 | <b>1b</b> Three-digit plan number                                                                                                                  |                                                         |
| TOTAL OA                                                                                                                                   | INE DEI INED DEINEI                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TITEAN                                                                                                                                     |                                                                                      |                                                                                                                                 | (PN)                                                                                                                                               | 001                                                     |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                      |                                                                                                                                 | 1c Effective date                                                                                                                                  | e of plan                                               |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                      |                                                                                                                                 | 01                                                                                                                                                 | /01/2011                                                |
|                                                                                                                                            | sponsor's name and a<br>RE PLUS MEDICAL P                                                                                                                                                                                                                                                                                                                                                                                                                                   | address; include room or suite num                                                                                                         | ber (employer, if for a si                                                           | ngle-employer plan)                                                                                                             |                                                                                                                                                    | entification Number                                     |
| TO TALL OATS                                                                                                                               | KET EGO MEDIONET                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                      |                                                                                                                                 | ()                                                                                                                                                 | -3568628                                                |
| 5722 7TH A                                                                                                                                 | VENITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                      |                                                                                                                                 | <b>2c</b> Sponsor's te                                                                                                                             | elephone number<br>-844-3167                            |
| BROOKLYN                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                      |                                                                                                                                 |                                                                                                                                                    | de (see instructions)                                   |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                      |                                                                                                                                 |                                                                                                                                                    | 1610                                                    |
| 3a Plan a                                                                                                                                  | administrator's name                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and address XSame as Plan Spor                                                                                                             | nsor.                                                                                |                                                                                                                                 | <b>3b</b> Administrator                                                                                                                            | r's EIN                                                 |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                      |                                                                                                                                 | 20. A descipie tento                                                                                                                               | w'a talambana mumaban                                   |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                      |                                                                                                                                 | 3C Administrator                                                                                                                                   | r's telephone number                                    |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                      |                                                                                                                                 |                                                                                                                                                    |                                                         |
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|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | he plan sponsor has changed since                                                                                                          | e the last return/report fil                                                         | led for this plan, enter the                                                                                                    | 4b EIN                                                                                                                                             |                                                         |
| name                                                                                                                                       | e, EIN, and the plan n                                                                                                                                                                                                                                                                                                                                                                                                                                                      | he plan sponsor has changed since umber from the last return/report.                                                                       | e the last return/report fil                                                         | ed for this plan, enter the                                                                                                     |                                                                                                                                                    |                                                         |
| name<br><b>a</b> Spons                                                                                                                     | e, EIN, and the plan n<br>sor's name                                                                                                                                                                                                                                                                                                                                                                                                                                        | umber from the last return/report.                                                                                                         |                                                                                      | ·<br>                                                                                                                           | 4c PN                                                                                                                                              | 2                                                       |
| a Spons 5a Total                                                                                                                           | e, EIN, and the plan n<br>sor's name<br>number of participan                                                                                                                                                                                                                                                                                                                                                                                                                | umber from the last return/report.                                                                                                         |                                                                                      |                                                                                                                                 | 4c PN 5a                                                                                                                                           |                                                         |
| a Spons 5a Total b Total                                                                                                                   | e, EIN, and the plan n<br>sor's name<br>number of participan<br>number of participan                                                                                                                                                                                                                                                                                                                                                                                        | umber from the last return/report.  ts at the beginning of the plan year ts at the end of the plan year                                    |                                                                                      |                                                                                                                                 | 4c PN 5a 5b                                                                                                                                        |                                                         |
| a Spons 5a Total b Total c Numb                                                                                                            | e, EIN, and the plan n<br>sor's name<br>number of participan<br>number of participan<br>ber of participants with                                                                                                                                                                                                                                                                                                                                                            | umber from the last return/report.                                                                                                         | f the plan year (defined                                                             | benefit plans do not                                                                                                            | 4c PN 5a                                                                                                                                           |                                                         |
| a Spons 5a Total b Total c Number                                                                                                          | e, EIN, and the plan no sor's name number of participan number of participan ber of participants with lete this item)                                                                                                                                                                                                                                                                                                                                                       | umber from the last return/report.  ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o | f the plan year (defined                                                             | benefit plans do not                                                                                                            | 4c PN 5a 5b                                                                                                                                        |                                                         |
| a Spons 5a Total b Total c Numb                                                                                                            | e, EIN, and the plan n<br>sor's name<br>number of participan<br>number of participan<br>ber of participants with<br>lete this item)<br>tal number of active p                                                                                                                                                                                                                                                                                                               | ts at the beginning of the plan year ts at the end of the plan year                                                                        | of the plan year (defined                                                            | benefit plans do not                                                                                                            | 4c PN 5a 5b 5c 5d(1)                                                                                                                               | 2 2 2 2 2 2 2 2                                         |
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|          | Form 5500-SF 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | Page <b>2</b>                   |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------|---------|-------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| b        | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th | an indeper<br>and conditi | ident qualified public accounta | int (IQ | PA)         |                 | X Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| C        | f the plan is a defined benefit plan, is it covered under the PBGC in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | surance p                 | rogram (see ERISA section 40    | 21)?    | X           | Yes             | No Not determined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Par      | t III Financial Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7        | Plan Assets and Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | (a) Beginning of Yea            | ar      |             |                 | (b) End of Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>a</u> | Total plan assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7a                        | 9671                            | 100     |             |                 | 1309745                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          | Total plan liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7b                        | 007                             |         |             |                 | 1000715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          | Net plan assets (subtract line 7b from line 7a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7c                        | 9671                            | 100     |             |                 | 1309745                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          | ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | (a) Amount                      |         |             |                 | (b) Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|          | (1) Employers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8a(1)                     | 3600                            | 000     |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | 2) Participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8a(2)                     |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | (3) Others (including rollovers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8a(3)                     |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b        | Other income (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8b                        | 24                              | 120     |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8c                        |                                 |         |             |                 | 362420                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|          | Benefits paid (including direct rollovers and insurance premiums oprovide benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8d                        |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | Certain deemed and/or corrective distributions (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8e                        |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| f        | Administrative service providers (salaries, fees, commissions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8f                        |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| g        | Other expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8g                        | 197                             | 775     |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8h                        |                                 |         |             |                 | 19775                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|          | Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8i                        |                                 |         |             |                 | 342645                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| j        | Transfers to (from) the plan (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8j                        |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b        | If the plan provides welfare benefits, enter the applicable welfare for <b>V</b> Compliance Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eature cod                | es from the List of Plan Chara  | cterist | tic Cod     | les in t        | he instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 10       | During the plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                 |         | Yes         | No              | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|          | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ıciary Corr               | ection Program)                 | 10a     |             | X               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | Were there any nonexempt transactions with any party-in-interest on line 10a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                 | 10b     |             | X               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| С        | Was the plan covered by a fidelity bond?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                 | 10c     | Χ           |                 | 100000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ······                    |                                 | 10d     |             | Χ               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| е        | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of the ben                | efits under the plan? (See      | 10e     |             | X               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| f        | Has the plan failed to provide any benefit when due under the plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n?                        |                                 | 10f     |             | X               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| g        | Did the plan have any participant loans? (If "Yes," enter amount a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s of year e               | nd.)                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                 | 10i     |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Part     | VI Pension Funding Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11       | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                 |         |             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11a      | Enter the unpaid minimum required contribution for current year fr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | om Sched                  | ule SB (Form 5500) line 39      |         |             | 11a             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12       | Is this a defined contribution plan subject to the minimum funding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                 | or se   | ection      | 302 of          | ERISA? Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | •                               | -4!     |             |                 | and a state of the leaves of t |
| а        | If a waiver of the minimum funding standard for a prior year is beir granting the waiver.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                         |                                 |         | , and 6<br> | enter th<br>Day |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|      | Form 5500-SF 2014                                                                                                                                       | Page <b>3</b> - 1          |                      |          |         |        |       |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|----------|---------|--------|-------|
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For                                                                                 | m 5500), and skip to lin   | e 13.                |          |         |        |       |
| b    | Enter the minimum required contribution for this plan year                                                                                              |                            |                      | 12b      |         |        |       |
|      |                                                                                                                                                         |                            |                      |          |         |        |       |
| С    | Enter the amount contributed by the employer to the plan for this plan year                                                                             |                            |                      | 12c      |         |        |       |
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)                                                          |                            |                      | 12d      |         |        |       |
| е    | Will the minimum funding amount reported on line 12d be met by the funding                                                                              | deadline?                  |                      |          | Yes     | No     | N/A   |
| Part | VII Plan Terminations and Transfers of Assets                                                                                                           |                            |                      |          |         |        |       |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?                                                                                   |                            |                      | Y        | es X No |        |       |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer the                                                                         | nis year                   |                      | 13a      |         |        |       |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?                                                            |                            | •                    | ontrol   |         | Yes    | X No  |
| С    | If during this plan year, any assets or liabilities were transferred from this pla<br>which assets or liabilities were transferred. (See instructions.) | in to another plan(s), ide | ntify the plan(s) to | )        |         |        |       |
| 1    | 3c(1) Name of plan(s):                                                                                                                                  |                            | 130                  | c(2) EII | V(s)    | 13c(3) | PN(s) |
|      |                                                                                                                                                         |                            |                      |          |         |        |       |
|      |                                                                                                                                                         |                            | 1                    |          |         |        |       |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

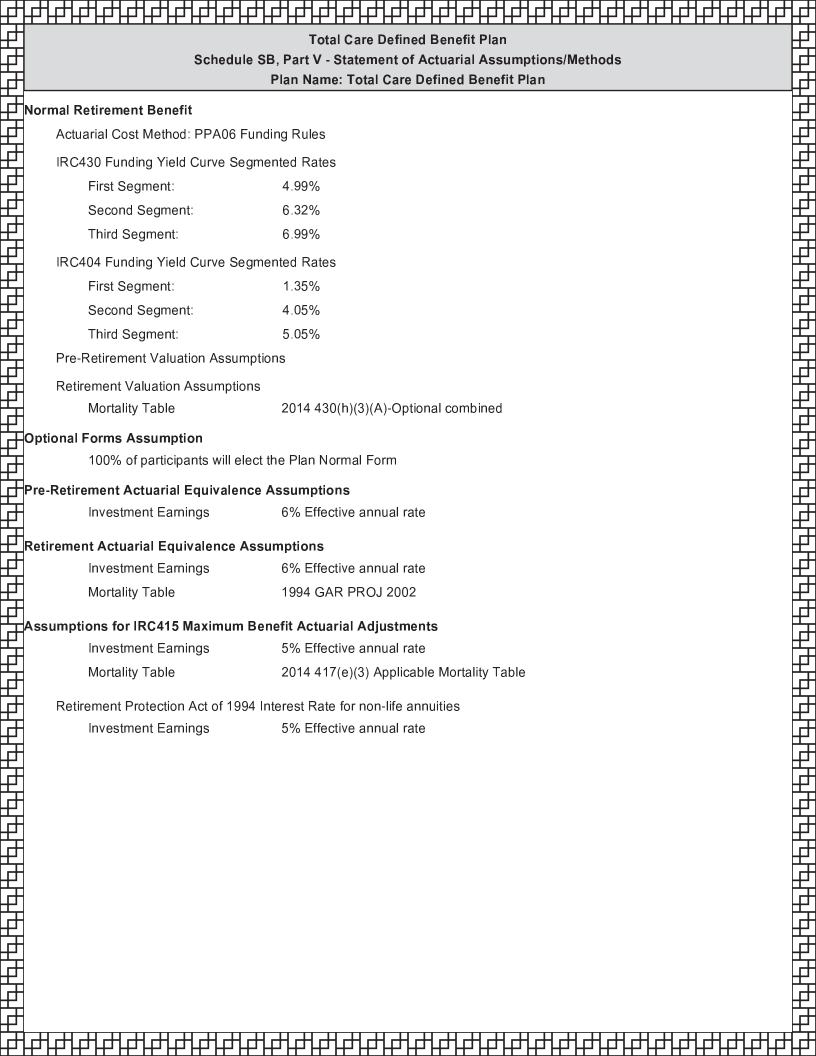
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | File as an attachment to Form                                                         | 5500 or 5500-SF.          |            |                   |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|---------------------------|------------|-------------------|-------------------|
| For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | calenda       | ar plan year 2014 or fiscal plan year beginning 01/01/2014                            | and end                   | ing 12/3   | 31/2014           |                   |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Round         | off amounts to nearest dollar.                                                        |                           |            |                   |                   |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Caution       | n: A penalty of \$1,000 will be assessed for late filing of this report unless reason | onable cause is establish | ed.        |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       | <b>B</b> Three-di         | git        |                   | 001               |
| TOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TAL CA        | RE DEFINED BENEFIT PLAN                                                               | plan num                  | nber (PN)  | <b>&gt;</b>       | 001               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |                           |            |                   |                   |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Na            |                                                                                       | D. Employee               |            | ian Niverban (F   | IN I)             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       | Employer                  |            |                   | IIN)              |
| 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AL OA         | RETEOO MEDIOAETO                                                                      |                           | 11-0000    | 0020              |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | L. M. Carlo, D. M. Kalan, A. D. M. Kalan, B. L. E. Drawwall, B.                       | 400 (                     |            | 00 🗆 Мана Иа      | 500               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ype of p      | olan: X Single Multiple-A Multiple-B Prior year pla                                   | an size: X 100 or fewer   | 101-50     | 00 More tha       | an 500            |
| Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rt I          | Basic Information                                                                     |                           |            |                   |                   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Enter         | the valuation date: Month <u>01</u> Day <u>01</u> Year 2                              | 2014                      |            |                   |                   |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Asset         | S:                                                                                    |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>a</b> Mar  | ket value                                                                             |                           | 2a         |                   | 967100            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>b</b> Actu | uarial value                                                                          |                           | 2b         |                   | 967100            |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fundi         | ng target/participant count breakdown                                                 | (1) Number of             | (2) Ves    | ted Funding       | (3) Total Funding |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       | participants              | T          | arget             | Target            |
| Nound off amounts to nearest dollar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                                                                       |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>b</b> For  | terminated vested participants                                                        |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>C</b> For  | active participants                                                                   | 2                         |            | 318366            | 795915            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>d</b> Tota | al                                                                                    | 2                         |            | 318366            | 795915            |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                                                       | Π                         |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | . , , , , , , , , , , , , , , , , , , ,                                               |                           | 12         |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |                           | 4b         |                   |                   |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | ·                                                                                     |                           | _          |                   | 6.47%             |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Targe         | t normal cost                                                                         |                           | 6          |                   | 300635            |
| Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ement         | by Enrolled Actuary                                                                   |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |                           |            |                   |                   |
| For clarification value   Prior valuation date:   Month 01   Day 01   Year 2014   Station value   Prior veter plant valu |               | nu such other assumptions, in                                                         |                           |            |                   |                   |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IGN           |                                                                                       |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |                           |            | 09/17/20          | 15                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Signature of actuary                                                                  |                           |            | Date              |                   |
| ΔRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HIIR E        | -                                                                                     |                           |            |                   | 5 <b>7</b>        |
| AIXI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HOR E         | ·                                                                                     | <u> </u>                  | Most re    |                   |                   |
| DEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ISION T       | •                                                                                     |                           | Wioot      |                   |                   |
| I LI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NOIOIN        | ·                                                                                     |                           | elenhone   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | ADWAY, SUITE 1509                                                                     | 1                         | Cichinine  | mannoon (inioidud | mig area code)    |
| NEV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | v Yori        | K, NY 10018                                                                           |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |                           |            |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Address of the firm                                                                   |                           |            |                   |                   |
| If the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | actuary       | has not fully reflected any regulation or ruling promulgated under the statute        | in completing this schedu | ule, check | the box and se    | ee                |
| instri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ictions       |                                                                                       | -                         |            |                   | Ш                 |

| Page 2 | 2 - | 1 |
|--------|-----|---|
|--------|-----|---|

Schedule SB (Form 5500) 2014

| Pa                                                                              | rt II               | Beginning of Yea                                      | r Carryove        | er and Prefunding I          | Balances       |                                            |                    |        |                              |          |            |  |
|---------------------------------------------------------------------------------|---------------------|-------------------------------------------------------|-------------------|------------------------------|----------------|--------------------------------------------|--------------------|--------|------------------------------|----------|------------|--|
|                                                                                 | •                   |                                                       |                   |                              |                | (a) C                                      | Carryover balance  |        | <b>(b)</b> P                 | refundir | ng balance |  |
| 7                                                                               |                     |                                                       |                   | able adjustments (line 13    |                |                                            |                    |        |                              |          | 165301     |  |
| 8                                                                               |                     |                                                       |                   | nding requirement (line 3    |                |                                            |                    |        |                              |          |            |  |
| 9                                                                               |                     |                                                       |                   |                              |                |                                            |                    |        |                              |          | 165301     |  |
| 10                                                                              | Interest o          | on line 9 using prior yea                             | r's actual retu   | rn of%                       |                |                                            |                    |        |                              |          |            |  |
| 11                                                                              | Prior yea           | r's excess contributions                              | s to be added     | to prefunding balance:       |                |                                            |                    |        |                              |          |            |  |
|                                                                                 | <b>a</b> Presen     | it value of excess contr                              | ibutions (line 3  | 38a from prior year)         |                |                                            |                    |        | 36977                        |          |            |  |
|                                                                                 |                     | erest on the excess, if a<br>nedule SB, using prior y |                   |                              |                |                                            |                    |        | 1878                         |          |            |  |
|                                                                                 | . ,                 | ·                                                     | •                 | edule SB, using prior yea    |                |                                            |                    |        |                              |          | 1070       |  |
|                                                                                 | C Total av          | vailable at beginning of o                            | urrent plan yea   | ar to add to prefunding bal  | ance           |                                            |                    |        |                              |          | 38855      |  |
| d Portion of (c) to be added to prefunding balance                              |                     |                                                       |                   |                              |                |                                            |                    |        |                              |          |            |  |
| 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) |                     |                                                       |                   |                              |                |                                            |                    |        |                              |          | 165301     |  |
| Pa                                                                              | art III             | Funding Percen                                        | tages             |                              |                |                                            |                    |        |                              |          |            |  |
| 14                                                                              | Funding t           | target attainment perce                               | ntage             |                              |                |                                            |                    |        |                              | 14       | 100.74 %   |  |
| 15                                                                              | Adjusted            | funding target attainme                               | ent percentage    | e                            |                |                                            |                    |        |                              | 15       | 100.74 %   |  |
| 16                                                                              |                     |                                                       |                   | of determining whether c     |                |                                            |                    |        |                              | 16       | 105.38 %   |  |
| 17                                                                              | If the curr         | rent value of the assets                              | of the plan is    | less than 70 percent of t    | the funding ta | rget, enter s                              | uch percentage     |        |                              | 17       | 0.00 %     |  |
| Pa                                                                              | art IV              | Contributions a                                       | nd Liquidit       | ty Shortfalls                |                |                                            |                    |        |                              |          |            |  |
| 18                                                                              | Contribut           | ions made to the plan f                               | or the plan ye    | ar by employer(s) and er     | mployees:      |                                            |                    |        |                              |          |            |  |
| (1)/                                                                            | (a) Date<br>M-DD-YY | (b) Amount<br>YY) employe                             |                   | (c) Amount paid by employees |                | (b) Amount paid by<br>DD-YYYY) employer(s) |                    |        | (c) Amount paid by employees |          |            |  |
|                                                                                 | /15/2015            | 11) employe                                           | 360000            | employees                    | (IVIIVI-DE     | )-1111)                                    | employer(s         | ')     |                              | GIIIpic  | nyees      |  |
|                                                                                 | /13/2013            |                                                       | 300000            |                              |                |                                            |                    |        |                              |          |            |  |
|                                                                                 |                     |                                                       |                   |                              |                |                                            |                    |        |                              |          |            |  |
|                                                                                 |                     |                                                       |                   |                              |                |                                            |                    |        |                              |          |            |  |
|                                                                                 |                     |                                                       |                   |                              |                |                                            |                    |        |                              |          |            |  |
|                                                                                 |                     |                                                       |                   |                              |                |                                            |                    |        |                              |          |            |  |
|                                                                                 |                     |                                                       |                   |                              | Totals ▶       | 18(b)                                      |                    | 360000 | 18(c)                        |          |            |  |
| 19                                                                              | Discounte           | ed employer contribution                              | ns – see instr    | uctions for small plan wit   | h a valuation  | date after th                              | e beginning of the | year:  |                              |          |            |  |
|                                                                                 | <b>a</b> Contrib    | outions allocated toward                              | d unpaid minir    | num required contributio     | ns from prior  | years                                      |                    | 19a    |                              |          |            |  |
|                                                                                 | <b>b</b> Contrib    | outions made to avoid r                               | estrictions adj   | usted to valuation date      |                |                                            |                    | 19b    |                              |          |            |  |
|                                                                                 | <b>c</b> Contrib    | outions allocated toward                              | minimum requi     | ired contribution for curren | t year adjuste | d to valuation                             | date               | 19c    |                              |          | 323522     |  |
| 20                                                                              | Quarterly           | contributions and liqui                               | dity shortfalls:  |                              |                |                                            |                    |        |                              |          |            |  |
|                                                                                 | <b>a</b> Did the    | e plan have a "funding s                              | shortfall" for th | e prior year?                |                |                                            |                    |        |                              |          | Yes X No   |  |
|                                                                                 | <b>b</b> If line 2  | 20a is "Yes," were requ                               | ired quarterly    | installments for the curre   | ent year made  | in a timely r                              | manner?            |        |                              |          | Yes No     |  |
|                                                                                 | <b>c</b> If line 2  | 20a is "Yes," see instru                              | ctions and cor    | nplete the following table   | as applicabl   | e:                                         |                    |        |                              |          |            |  |
|                                                                                 |                     | (4) 4-4                                               |                   | Liquidity shortfall as of    | end of quarte  |                                            | •                  | 1      |                              | 4) 4"    |            |  |
|                                                                                 |                     | (1) 1st                                               |                   | (2) 2nd                      |                | (3)                                        | 3rd                |        | (                            | 4) 4th   |            |  |

| 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:<br>4.99%             | 2nd segment:<br>6.32 %                 | 3rd segment               |              | N/A, fu      | ll yield   | curve                                        | e used |
|    | <b>b</b> Appl  | icable month (    | enter code)                       |                                        |                           | 21b          |              |            |                                              | 3      |
| 22 | Weight         | ed average ret    | tirement age                      |                                        |                           | 22           |              |            |                                              | 62     |
| 23 | Mortali        | ty table(s) (se   | e instructions) X Pre             | escribed - combined Pre                | escribed - separate       | Substitu     | te           |            |                                              |        |
| Pa | rt VI          | Miscellane        | ous Items                         |                                        |                           |              |              |            |                                              |        |
| 24 |                |                   |                                   | tuarial assumptions for the current    | plan year? If "Yes," see  | instructions | regarding re | quired     |                                              |        |
|    |                | -                 |                                   |                                        |                           |              |              | _          | 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    | ctions regarding required | attachment   |              |            | Yes                                          | X No   |
| 27 | 21             |                   |                                   |                                        |                           |              |              |            |                                              |        |
|    | attachr        |                   |                                   |                                        |                           |              |              |            |                                              |        |
| Pa | rt VII         | Reconcilia        | ation of Unpaid Minimu            | um Required Contribution               | s For Prior Years         |              |              |            |                                              |        |
| 28 | Unpaid         | l minimum requ    | uired contributions for all prior | years                                  |                           | 28           |              |            |                                              |        |
| 29 |                |                   | contributions allocated toward    |                                        | 29                        |              |              |            |                                              |        |
| 30 | Remaii         | ning amount of    | f unpaid minimum required cor     | ntributions (line 28 minus line 29).   |                           | 30           |              |            |                                              |        |
| Pa | rt VIII        | Minimum           | Required Contribution             | For Current Year                       |                           |              |              |            |                                              |        |
| 31 |                |                   | nd excess assets (see instruct    |                                        |                           |              |              |            |                                              |        |
|    | <b>a</b> Targe | et normal cost    | (line 6)                          |                                        |                           | 31a          |              |            |                                              | 300635 |
|    | _              |                   | ·                                 | line 31a                               |                           | 31b          |              |            |                                              | 0      |
| 32 | Amortiz        | zation installme  | ents:                             |                                        | Outstanding Bala          | ance         | Ir           | nstallm    | ent                                          |        |
|    | a Net s        | shortfall amortiz | zation installment                |                                        |                           |              |              |            |                                              |        |
|    | <b>b</b> Waiv  | er amortization   | n installment                     |                                        |                           |              |              |            |                                              |        |
| 33 |                |                   |                                   | nter the date of the ruling letter gra |                           | 33           |              |            |                                              |        |
| 34 |                |                   |                                   | er/prefunding balances (lines 31a      |                           | 34           |              |            |                                              | 300635 |
|    | Total it       | anding requirer   | nent before reflecting earry over | Carryover balance                      | Prefunding bala           | L -          | To           | tal bala   | ance                                         | 300033 |
| 25 | Dalana         |                   |                                   | OdityOver Balance                      | 1 Terunung bala           | irioc        |              | - Lai baic | JI IOC                                       |        |
| 35 |                |                   | use to offset funding             |                                        |                           |              |              |            |                                              |        |
| 36 | Additio        | nal cash requi    | rement (line 34 minus line 35).   |                                        | 1                         | 36           |              |            |                                              | 300635 |
| 37 | Contrib        | outions allocate  | ed toward minimum required co     | ontribution for current year adjuste   | ed to valuation date      | 37           |              |            |                                              | 323522 |
| 20 |                |                   | ess contributions for current ye  | var (og a instructions)                |                           | 1 1          |              |            |                                              | 020022 |
| 30 |                |                   |                                   | ear (see instructions)                 |                           | 38a          |              |            |                                              | 22887  |
|    |                |                   |                                   | prefunding and funding standard o      |                           | 38b          |              |            |                                              | 22001  |
| 39 |                |                   |                                   | ear (excess, if any, of line 36 over   | -                         | 39           |              |            |                                              |        |
| 40 |                | ·                 |                                   | S                                      |                           | 40           |              |            |                                              |        |
|    | rt IX          |                   |                                   | Pension Relief Act of 2010             |                           | ll           |              |            |                                              |        |
|    |                |                   |                                   |                                        | (See mistractions         | ,            |              |            |                                              |        |
| 41 |                |                   | de to use PRA 2010 funding re     | <u>-</u>                               |                           |              |              |            | 745                                          |        |
|    |                |                   |                                   |                                        |                           |              | 2 plus 7 yea |            |                                              | years  |
|    |                | . , ,             | ,                                 | 41a was made                           |                           |              | 8 2009       | 2010       | <u>'                                    </u> | 2011   |
|    |                |                   | -                                 |                                        |                           | 42           |              |            |                                              |        |
| 43 | Excess         | installment ac    | celeration amount to be carrie    | d over to future plan years            |                           | 43           |              |            |                                              |        |



#### Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

## Renefit Plan

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

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

2014

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** and ending For calendar plan year 2014 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions) This return/report is for: a one-participant plan a foreign plan the final return/report This return/report is: the first return/report a short plan year return/report (less than 12 month) an amended return/report DFVC program automatic extension Check box if filing under: Form 5558 special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number 001 (PN) **Total Care Defined Benefit Plan** Effective date of plan 1/1/2011 Plan sponsor's name and address; include room or suite number (employer, if for a single-eng **Employer Identification Number** (EIN) 11-3568628 2c Sponsor's telephone number Total Care Plus Medical PC 718-844-3167 2d Business code (see instructions) 5722 7th Avenue Brooklyn, NY 11220 3b X Same as Plan Sponsor. Administrator's EIN 3a Plan administrator's name and address 3c Administrator's telephone number Same 4b EIN If the name and/or EIN of the plan sponsor has changed sing at return/report filed for this plan, enter the name, EIN, and the plan number from the last return/g 4c PN a Sponsor's name 5 a Total number of participants at the beginning of the p 5a 2 5b b Total number of participants at the end of the plan 2 the end of the plan year (defined benefit plans do not Number of participants with account balances as 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year ...... 5d(1) d(2) Total number of active participants at the of the plan year ..... 5d(2) Number of participants that termina and phytoyment during the plan year with accrued benefits that were less than 100% vested ... ..... implete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or in enalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule Under penalties of perjury and ther SB or Schedule MB completed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and compl 9/30/2015 Wei Wang Signature of plan administrator Date Enter name of individual signing as plan administrator 9/30/2015 Wei Wang Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

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(See instructions on waiver eligibility a<br>you answered "No" to either line 6a or line 6b, the plan can                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s.)                                                                                                                                         | ••••••                                        |           | •••••                                    | X Yes                 | י [   |
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Form 5500-SF 2014

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| Form 5500-SF 2014  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |
| b Enter the minimum required contribution for this plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| C Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0              |
| di Subtract the amount in line 12c from the amount in line 12b. Enter the recent the regative amount) Yes Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lo N/A         |
| A Mell the minimum funding amount reported on line 12d be met by the tunding deadline:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
| Dien Terminations and Itansfels Of Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
| 13a Has a resolution to terminate the plan been adopted in any plan year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
| to the ample of this vear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
| b Were all the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan assets distributed to participants or beneficiallies, transferred to the plan asset to the plan asse | es X No        |
| C If during this plan year, any assets or liabilities were transferred from this plan to already plants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13c(3) PN(s)   |
| which assets or liabilities were transferred. (See Instructions.)  13c(1) Name of plan(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 100/01 1 11/0/ |
| 130(1) Name of printing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| the Ameliana N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| Trust Information (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| 14a Name of trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |

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# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor
yee Benefits Security Administration

# 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).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

|        |                                                                                                      | ▶ File as an atta                         | achment       | to Form 5500 ●          | r 5500-SF           |                 |                                       |                                       |
|--------|------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|-------------------------|---------------------|-----------------|---------------------------------------|---------------------------------------|
| _Fo    | r calendar plan year 2014 or fiscal pla                                                              | <del></del>                               |               |                         | and                 | ending          |                                       |                                       |
| ·      | Round off amounts to nearest dol                                                                     |                                           |               |                         |                     |                 |                                       |                                       |
|        | Caution: A penalty of \$1,000 will be                                                                | assessed for late filing of this r        | report uni    | ess reasonable c        | ause is estal       | olished.        |                                       |                                       |
| A      | Name of plan                                                                                         |                                           |               |                         | B Three-            | digit           |                                       |                                       |
| lota   | al Care Defined Benefit Plan                                                                         |                                           |               |                         | plan n              | ımber (PN)      |                                       | 001                                   |
|        |                                                                                                      |                                           |               |                         |                     |                 |                                       |                                       |
| C      | Plan ananaga nama aa ahaan aa li                                                                     |                                           | -             |                         |                     |                 | _                                     |                                       |
| C      | Plan sponsor's name as shown on li                                                                   | ne za or Form 5500 or 5500-S              | ۲             |                         | D Emplo             | yer loentiin    | tion Number (                         | EIN)                                  |
| Tota   | l Care Plus Medical PC                                                                               |                                           |               |                         | 44 050 00           |                 |                                       |                                       |
|        |                                                                                                      |                                           |               |                         | 11-35(362           | 8               | · · · · · · · · · · · · · · · · · · · |                                       |
| Ε      |                                                                                                      | pie-A Multiple-B                          | F Pric        | or year plan size:      | X 10 or             | fewer           | 101-500                               | More than 500                         |
| (*)    | Basic Information                                                                                    |                                           |               |                         |                     |                 |                                       |                                       |
| 1      | Enter the valuation date:                                                                            | Month 01 Day 0                            | 1             | Year 2014               | A                   |                 |                                       | · · · · · · · · · · · · · · · · · · · |
| 2      | Assets:                                                                                              |                                           |               |                         |                     |                 |                                       |                                       |
|        | a Market value                                                                                       |                                           |               |                         | $\mathcal{N}$       | 2a              | -                                     | 067.400                               |
|        | <b>b</b> Actuarial value                                                                             |                                           |               | . 4                     |                     | 2b              | <del></del>                           | 967,100                               |
| 3      | Funding target/participant count brea                                                                |                                           |               | 100                     | mber of             |                 | _I<br>ed Funding                      | 967,100                               |
| -      | 0 0 ,,                                                                                               |                                           |               |                         | icipants            | ' '             | ed Funding<br>arget                   | (3) Total Funding                     |
|        | a For retired participants and benefi                                                                | iciaries receiving payment                |               | 1                       | <del></del>         | 0               | <del></del> -                         | Target                                |
|        | <b>b</b> For terminated vested participants                                                          | - · ·                                     |               |                         |                     | <del></del>     | 0                                     | 0                                     |
|        | c For active participants                                                                            |                                           | •             | <b>(</b>                |                     | 0               | 0                                     | 0                                     |
|        | d Total                                                                                              |                                           |               |                         |                     | 2               | 318,366                               | 795,915                               |
|        |                                                                                                      |                                           |               |                         | <del></del>         | 2               | 318,366                               | 795,915                               |
| 4      | If the plan is in at-risk status, check the                                                          |                                           |               | ••••••                  |                     |                 |                                       | (4)<br>(4)                            |
|        | a Funding target disregarding presc                                                                  |                                           |               |                         |                     | 4a              |                                       |                                       |
|        | b Funding target reflecting at-risk as                                                               | sumptions, but disrega ding               | ansition r    | ule for plans that      | have been           | 4b              |                                       |                                       |
|        | in at-risk status for fewer than five                                                                |                                           | arding loa    | iding factor            |                     | 4D              |                                       |                                       |
| 5      | Effective interest rate                                                                              |                                           |               |                         |                     | 5               |                                       | 6.47%                                 |
| 6      | Target normal cost                                                                                   |                                           |               |                         |                     | 6               |                                       | 300,635                               |
| Sta    | ement by Enrolled Actuary                                                                            |                                           |               |                         |                     | · ·             | <u> </u>                              |                                       |
|        | To the best of my knowledge, the information supp accordance with applicable law and regulations. In | lied in this say dule and accompanying to | schedules, s  | tatements and attachm   | ents, if any, is co | mplete and accu | rate. Each prescrib                   | ed assumption was applied in          |
|        | combination, offer my best estimate of anticipated                                                   | experience under the plan.                | sasonable (ta | king into account the e | expenence of the    | plan and reason | able expectations)                    | and such other assumptions, in        |
| , ,    | aren a                                                                                               |                                           |               | ,,,,,                   | · · · · · ·         |                 |                                       |                                       |
|        | Bother +                                                                                             | der                                       |               |                         |                     |                 | 047/00                                |                                       |
|        | C                                                                                                    | graduary of actuary                       |               |                         |                     |                 | 9/17/201                              | 15                                    |
| A1.    | on E. Teller AGA                                                                                     | gr. 201 actuary                           |               |                         |                     |                 | Date                                  |                                       |
| Aπn    | ur E. Teiler, ASA                                                                                    |                                           |               |                         | 1101                | 157             |                                       | · · · · · · · · · · · · · · · · · · · |
|        | ype                                                                                                  | print name of actuary                     |               |                         | Most                | recent enrol    | lment number                          | •                                     |
| Pen    | sion Tax Strategies, Inc.                                                                            |                                           |               |                         | 212-                | 681-7970        |                                       |                                       |
|        |                                                                                                      | Firm name                                 |               |                         |                     | Telephone       | number (incl                          | uding area code)                      |
|        | NB 1 6 5 4-4-                                                                                        |                                           |               |                         |                     |                 |                                       |                                       |
|        | ) Broadway, Suite 1509                                                                               |                                           |               |                         |                     |                 |                                       |                                       |
| New    | York                                                                                                 |                                           | NY            | 10018                   |                     |                 |                                       |                                       |
|        | · · · · · · · · · · · · · · · · · · ·                                                                | ddress of the firm                        |               |                         |                     |                 |                                       |                                       |
| lf the | actuary has not fully reflected any reguctions                                                       | julation or ruling promulgated t          | under the     | statute in comple       | eting this sch      | edule, check    | the box and                           | see                                   |

| Page 2- |
|---------|
|---------|

| 1.5612   | Begin                    | ning of Year Carryov             | er and Prefundi        | ng Balances                            |                  |                                         | O b alamas                   | <del> r</del> | (b) Prefu   | nding hala    | nce              |
|----------|--------------------------|----------------------------------|------------------------|----------------------------------------|------------------|-----------------------------------------|------------------------------|---------------|-------------|---------------|------------------|
| <u> </u> |                          |                                  |                        |                                        | L                | (a)                                     | Carryover balance            |               | (D) i iciai | iding ball    |                  |
| 7        | Balance at beg           | inning of prior year after app   | licable adjustments    | (line 13 from prio                     | 1                |                                         |                              | 0             |             |               | 165 <u>,</u> 301 |
|          | year)                    |                                  |                        | . /!: 25 from                          |                  |                                         |                              |               |             |               |                  |
| 8        | Portion elected          | I for use to offset prior year's | funding requiremen     | t (line 35 frem                        | ļ                |                                         |                              | o             |             |               | 0                |
|          | prior year)              |                                  |                        | •                                      |                  |                                         |                              | 0             |             |               | 165,30 <u>1</u>  |
| 9_       | Amount remain            | ning (line 7 minus line 8)       |                        | %                                      |                  |                                         |                              | 0             |             |               | 0                |
| 10       |                          | 9 using prior year's actual r    |                        |                                        |                  |                                         |                              |               |             |               |                  |
| 11       | Prior year's ex          | cess contributions to be add     | led to prefunding bala | ance:                                  |                  |                                         |                              |               |             |               | 36,977           |
| •        | a Present va             | alue of excess contributions     | (line 38a from prior y | ear)                                   |                  |                                         |                              | 3             | <b></b>     |               | 30,911           |
|          |                          | on the excess, if any, of line   |                        |                                        |                  |                                         |                              |               | )           |               | 1,878            |
|          | Schedul                  | e SB, using prior year's effec   | ctive interest rate of | 5.08%                                  |                  |                                         |                              |               |             |               | 1,070            |
|          | h(2) Interest            | on line 38b from prior year S    | schedule SB, using p   | rior year's actual                     |                  |                                         |                              |               |             |               |                  |
|          | return                   |                                  | •••••                  | •••••                                  |                  |                                         |                              |               |             |               | 38,855           |
|          | c Total avail            | able at beginning of current     | plan year to add to p  | refunding balance                      | e                |                                         |                              | :             |             |               | 30,552           |
|          | d Portion of             | (c) to be added to prefunding    | g balance              |                                        |                  |                                         |                              | _             |             |               |                  |
| 12 (     |                          | in balances due to elections     | s or deemed election   | s                                      |                  |                                         |                              | 0             |             |               | 0                |
| 42 5     | Colonce at hegin         | ning of current year (line 9 -   | line 10 + line 11d -   | line 12)                               |                  |                                         | <u> </u>                     | 0             |             |               | 165,301          |
| 13       |                          | ling Percentages                 |                        |                                        |                  | $\sim$                                  |                              |               |             |               |                  |
|          |                          |                                  |                        |                                        | <b>₹</b>         |                                         |                              |               | 14          |               | 100.74%          |
|          |                          | ttainment percentage             |                        |                                        |                  |                                         |                              |               | 45          |               | 100.74%          |
| 15 /     | djusted funding          | target attainment percentaç      | ge                     | la a a a a a a a a a a a a a a a a a a |                  |                                         | e may be used to             |               |             |               | 10011 111        |
| 16 F     | rior year's fund         | ing percentage for purposes      | of determining whet    | ner carryo enpre                       |                  | y Daiance                               |                              |               | 16          |               | 105.38%          |
|          |                          | nding requirement                |                        |                                        |                  |                                         |                              |               | 17          |               |                  |
|          |                          | ue of the assets of the plan i   |                        | nt of the lun. 10                      | larget,          | enter suc                               | on percentage                |               |             | l             |                  |
| - 1 . Y  |                          | ributions and Liquidi            |                        |                                        |                  |                                         |                              |               |             |               |                  |
| 18       | Contributions ma         | ade to the plan for the plan y   | rear by employer(s) a  | and employees:                         |                  |                                         |                              |               | (-) (-      | nount paid    | l by             |
|          | (a) Date                 | (b) Amount paid by               | (c) Amount paid        |                                        | a) Date<br>DD-YY |                                         | (b) Amount pai<br>employer(s |               |             | nployees      | ы                |
|          | M-DD-YYYY)               | employer(s)                      | employees              | (IVIIVI                                | -00-11           | • • • • • • • • • • • • • • • • • • • • | Chipicycrite                 |               |             |               |                  |
| 0        | 9-15-2015                | 360,000                          |                        |                                        |                  |                                         |                              |               |             |               |                  |
|          |                          |                                  |                        | <b>•</b>                               |                  |                                         |                              |               |             |               |                  |
|          | <del></del>              |                                  |                        | <u> -</u>                              |                  |                                         |                              | -             |             | <del></del> - |                  |
|          |                          |                                  |                        |                                        |                  |                                         |                              |               |             | _             |                  |
|          |                          |                                  |                        |                                        |                  |                                         |                              |               |             |               |                  |
|          |                          |                                  |                        |                                        |                  |                                         |                              |               |             |               |                  |
|          | translation does not not |                                  |                        | Totals                                 | •                | 18(b)                                   | 3                            | 60,000        | 18(c)       |               | 0                |
| 19 [     | Discounted emp           | loyer contributions - ee is      | uctions for small pla  | an with a valuatio                     | n date           | after the                               | beginning of the y           | ear:          |             |               |                  |
| á        | Contributions            | allocated toward apar mir        | mum required contr     | ributions fr <b>e</b> m pri            | or years         | 5                                       |                              | 19a           |             |               | 0                |
| ı        | <b>C</b> ontributions    | made to avoid restrictions a     | djusted to valuation   | date                                   |                  |                                         |                              | 19b           |             |               | 0                |
|          | Contributions            | allocated ward migraum r         | equired contribution   | for current year a                     | adjusted         | d to valua                              | ation date                   | 19с           |             |               | 323,522          |
|          |                          | outions and liquid shortfalls    |                        | <u> </u>                               |                  |                                         |                              |               |             |               |                  |
|          |                          | nave a "funding shortfall" for   | the prior year?        |                                        |                  |                                         |                              | •             |             | Yes D         | ( No             |
|          | •                        | _                                |                        |                                        |                  |                                         |                              |               |             | Yes           | ] No             |
|          |                          | Yes," were required quarter      |                        |                                        |                  | шиену т                                 | aiiilei f                    |               |             | ] ics [       |                  |
|          | If line 20a is "         | Yes," see instructions and co    |                        |                                        |                  | : 4L-!                                  |                              |               |             |               |                  |
|          | /4\ 4                    | ct T                             |                        | ll as of end of qu                     | arter of         | this plan<br>(3) 3                      |                              |               | (4)         | 4th           |                  |
|          | (1) 1                    | 51                               | (2) 2nd                | <del> </del>                           |                  | (3) 3                                   | iu .                         | 1             | (4)         | -TUI          |                  |

|                     | Assumptions Used to Determine                                                                                                                      | Funding Target and Targ                                                             | et Normal Cost            |            |          |                            |              |          |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------|------------|----------|----------------------------|--------------|----------|
| 21                  | Discount rate:  a Segment rates: 1st segment: 2nd segment 3rd segment                                                                              |                                                                                     |                           |            |          |                            |              |          |
|                     | 4.99%                                                                                                                                              | <u> </u>                                                                            |                           | .99%       |          | N/A, full yield curve used |              |          |
|                     | <b>b</b> Applicable month (enter code)                                                                                                             |                                                                                     |                           | 211        | <b>)</b> |                            | 3            |          |
| _22                 | Weighted average retirement age                                                                                                                    |                                                                                     |                           | 22         |          | 62                         |              |          |
| 23                  | Mortality table(s) (see instructions)                                                                                                              | escribed - combined                                                                 | Prescribed - separate     | Su         | bstitut  | e                          |              |          |
|                     | Miscellaneous Items                                                                                                                                |                                                                                     |                           |            |          |                            |              |          |
| 24                  | Has a change been made in the non-prescribed actuattachment                                                                                        |                                                                                     |                           | nstruction | or re    | garding requi              | ed<br>Yes    | X No     |
| 25                  | Has a method change been made for the current pla                                                                                                  | an year? If "Yes," see instructions                                                 | regarding required attach | men        |          |                            | Yes          | X No     |
| 26                  | Is the plan required to provide a Schedule of Active                                                                                               | Participants? If "Yes," see instruc                                                 | ctions regarding required | ttacı.     | ent      |                            | Yes          | X No     |
| 27                  | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment                               |                                                                                     |                           | 27         |          |                            |              |          |
|                     | Reconciliation of Unpaid Minimun                                                                                                                   | n Required Contribution                                                             | s For Prior lears         |            |          |                            | ' <u>-</u> ' |          |
| 28                  | Unpaid minimum required contributions for all prior                                                                                                | years                                                                               |                           | 28         |          |                            |              | 0        |
| 29                  | Discounted employer contributions allocated toward unpaid minimum required contributions from rior years line 19a)                                 |                                                                                     |                           | 29         |          |                            |              | 0        |
| 30                  | Remaining amount of unpaid minimum required con                                                                                                    | tributions (line 28 minus line 29)                                                  |                           | 30         |          |                            |              | 0        |
| 7:1                 | Minimum Required Contribution F                                                                                                                    | For Current Year                                                                    | 1/2                       |            |          |                            |              |          |
| 31                  | Target normal cost and excess assets (see instruction                                                                                              | ons):                                                                               |                           |            |          |                            |              |          |
|                     | a Target normal cost (line 6)                                                                                                                      |                                                                                     |                           | 31         | 2        |                            |              | 300,635  |
|                     | <b>b</b> Excess assets, if applicable, but not greater than                                                                                        | able, but not greater than line 31a                                                 |                           |            | )        | 0                          |              |          |
| 32                  | Amortization installments:  Outstanding Ba                                                                                                         |                                                                                     |                           | lance      |          | Installment                |              |          |
|                     | a Net shortfall amortization installment                                                                                                           |                                                                                     |                           |            |          |                            |              |          |
|                     | <b>b</b> Waiver amortization installment                                                                                                           |                                                                                     |                           |            |          | •••                        |              |          |
| 33                  | 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 valved amount |                                                                                     |                           | 33         |          |                            |              |          |
| 34                  | Total funding requirement before reflecting carryover/prefur ling a lances (lines 31a - 31b + 32a + 32b - 33)                                      |                                                                                     |                           | 34         |          | 300,635                    |              |          |
|                     |                                                                                                                                                    | cryover balance Prefunding b                                                        |                           |            |          | Total balance              |              |          |
| 35                  | Balances elected for use to offset funding requirement                                                                                             |                                                                                     |                           |            |          |                            |              | 0        |
| 36                  | Additional cash requirement (line 34 minus la 2/35).                                                                                               | 34 minus II 9 (85)                                                                  |                           |            |          |                            |              | 300,635  |
| 37<br>——            | Contributions allocated toward minimum required cribution for current year adjusted to valuation date (line 19c)                                   |                                                                                     |                           | 37         |          | 323,522                    |              |          |
| _38                 | Present value of excess contributions for careent, ear (see instructions)                                                                          |                                                                                     |                           |            |          |                            |              |          |
|                     | a Total (excess, if any, of line 37 over line 6)                                                                                                   |                                                                                     |                           |            | 3        | 22,887                     |              |          |
|                     | <b>b</b> Portion included in line 38a at thut to use of prefunding and funding standard carryover balances                                         |                                                                                     |                           | 381        | <b>)</b> | 0                          |              |          |
| 39                  |                                                                                                                                                    | mum required contribution or current year (excess, if any, of line 36 over line 37) |                           |            | _ .      | ·                          |              | 0        |
| 40                  |                                                                                                                                                    |                                                                                     |                           |            |          |                            |              | 0        |
| * <sup>†</sup> † 51 | Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)                                                                         |                                                                                     |                           |            |          |                            |              |          |
| 41                  | If an election was made to use PRA 2010 funding re                                                                                                 |                                                                                     |                           |            |          |                            |              |          |
|                     | Schedule elected                                                                                                                                   |                                                                                     |                           |            |          | 2 plus 7 ye                | ars 🗌        | 15 years |
|                     | <b>b</b> Eligible plan year(s) for which the election in line                                                                                      | 41a was made                                                                        |                           |            | 2008     | 2009                       | 2010         | 2011     |
| 42                  | Amount of acceleration adjustment                                                                                                                  | mount of acceleration adjustment                                                    |                           |            |          |                            |              |          |
| 43                  | Excess installment acceleration amount to be carried over to future plan years                                                                     |                                                                                     | 43                        |            |          |                            |              |          |

# **Total Care Defined Benefit Plan** Schedule SB, line 19 - Discounted Employer Contributions Plan Name: Total Care Defined Benefit Plan **Effective** Discounted Plan Rate of Year **Amount** Date **Amount** Interest 09/15/2015 360000.00 2014 6.47% 323522.00 360000.00 Total for Minimum Required Contribution 323522.00

**Total Care Defined Benefit Plan** Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Total Care Defined Benefit Plan valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of rotirement is assumed. The weighted average retirement age of 58 is the average of the assumed retirement ages for all active participants as of the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

| 団                      | <i>₽</i> ┞₽┞₽┞₽┞₽┞₽          | <del>┚</del> ╏ <del>╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒╛╏╒</del>                                                     | 世            |
|------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------|
| 田                      |                              | Total Care Defined Benefit Plan                                                                                        | ヒ            |
| 뻐                      |                              | Schedule SB, Part V - Summary of Plan Provisions                                                                       | 肿            |
| 田                      |                              | Plan Name: Total Care Defined Benefit Plan                                                                             | 匝            |
| 連                      | Plan Effective Date          | January 1, 2011                                                                                                        | 臣            |
| 벅                      | Plan Anniversary Date        | January 1, 2014                                                                                                        | 岸            |
| 蛘                      | Participation Eligibility    | Minimum age: 21 and                                                                                                    | 医            |
| 井                      |                              | Minimum months of service: 12                                                                                          | 片            |
| Ħ                      | Plan Entry Date              | 01/01 or 07/01 coincident with or following the satisfaction of the requirements                                       | 片            |
| Ħ                      | Normal Retirement Date       | First day of the month coincident with or following age 55 and the completion of 5 years of participation              | 革            |
| 毕                      |                              | Not to exceed the later of age 65 and 5 years of participation                                                         | H            |
| 井                      | Normal Form of Benefit       | Single Life Annuity                                                                                                    | 片            |
| Ħ                      |                              | (Qualified Joint and Survivor annuity is the required standard option)                                                 | 片            |
| Ħ                      | Normal Retirement Benefit    | Benefit Formula:                                                                                                       | 片            |
| 坢                      |                              | 10% per year of service times compensation                                                                             | 井            |
| 中                      |                              | Maximum total years of service: 25                                                                                     | 田            |
| 坩                      |                              | Maximum years of past service: 5                                                                                       | $\mu$        |
| 团                      |                              | Minimum benefit: \$833.00 per month                                                                                    |              |
| #                      |                              | IRC415 maximum annual benefit: \$210,000                                                                               | -            |
| 井                      |                              | Actuarially adjusted under IRC415(b) for benefit                                                                       | 井            |
| 田                      |                              | commencement age and benefit form                                                                                      | 田            |
| 坩                      |                              | Benefit limited to 100% of compensation                                                                                | $\Box$       |
| 萬                      |                              | Minimum benefit: 2% of compensation per year of topheavy plan service up to 10 (actuarially adjusted for benefit form) | 唐            |
| 井                      | Compensation Definition      | Highest consecutive 3 year average salary over all service                                                             | 毕            |
| 畢                      | •                            | Annual salary up to \$260,000 considered                                                                               | 毕            |
| 中                      |                              |                                                                                                                        |              |
| 4                      | Pre-Retirement Death Benefit | Lump sum payable on death of participant                                                                               | 团            |
| ╁                      | Benefit Amount               | 0 times the normal retirement benefit                                                                                  |              |
| 44                     |                              | Maximum death benefit: \$0                                                                                             | 苎            |
| 羋                      |                              |                                                                                                                        | 出            |
| $\Box$                 | Vested Retirement Benefit    | Vesting Schedule:                                                                                                      | #            |
| 团                      |                              | 20% a year after 2 years (100% after 6 years)                                                                          |              |
| Ħ                      |                              | Exclude service before effective date                                                                                  | +            |
| 井                      |                              | Computation Period: Elapsed Time Method                                                                                | 井            |
| 田                      |                              | Based on periods of service rounded to nearest year                                                                    | 田            |
| 坩                      | Accrued Retirement Benefit   | Pro-rated on service                                                                                                   |              |
| H                      | Accided Netherical Benefit   | Maximum number of years of past credited benefit accrual service is 0                                                  | <b> </b>     |
| 뜌                      |                              | Maximum number of years of past credited benefit accidal service is o                                                  | 压            |
| 垬                      |                              |                                                                                                                        | 坢            |
| $\mathbb{H}^{\dagger}$ |                              |                                                                                                                        | H            |
| F                      |                              |                                                                                                                        | J            |
| H                      |                              |                                                                                                                        |              |
| 片                      |                              |                                                                                                                        | 井            |
| 田                      |                              |                                                                                                                        | 坦            |
| H                      |                              |                                                                                                                        |              |
| F                      |                              |                                                                                                                        | 丁            |
| H                      |                              |                                                                                                                        | The state of |
| 出                      |                              |                                                                                                                        | 井            |
| ╨╵                     | ╅╸┡╉╸┡╉╸┠╉╸┠╉╸┠╉╸┠╉╸┠╂╸┠╂╸   | <del>Ĭ</del> ╏ <del>╒</del> ╛╏╒╛╏╒╛╏╒╛╏╒┪╒┪╏╕┩╒╕╏╒╕╏╘┑╏╸┪╏╘╻╏╘┪╏╘╻╏╘┪╏╘╻╏                                              | <u>世</u>     |